



**Homelessness and Same Sex Domestic
Violence in the Supported Accommodation
Assistance Program**

October 2004

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Introduction

Domestic violence in same-sex relationships (SSDV) is increasingly being recognised as an important issue. SSDV can have a significant impact on a person's psychological wellbeing, health, safety, and increases the risk of homelessness. Currently there is a lack of services and accommodation options for people experiencing or escaping SSDV and a consequent need to develop innovative, sensitive and effective responses to SSDV. The Supported Accommodation Assistance Program (SAAP) is one sector that can play a role in responding to SSDV.

As a major health promotion organisation based in the gay, lesbian, bisexual and transgender (GLBT) communities, ACON has played a key role in developing responses to SSDV.

Individuals experiencing SSDV have presented at ACON through the Counselling, Enhanced Care, the Lesbian and Gay Anti-Violence Project and Housing projects. The practice experience of staff in these projects has been invaluable in putting SSDV on ACON's agenda and understanding trends and the impact of SSDV.

ACON has participated in since 2001, and currently chairs, the SSDV Interagency. ACON's leadership in responses to SSDV has included developing a community awareness campaign in 2003 funded by the Attorney General's Department. ACON has continued to see high and rising levels of people presenting across the service with SSDV, with preliminary data showing a significant increase since the launch of the awareness campaign. It is clear that SSDV is a significant health and safety issue for the communities ACON serves.

The ACON Housing Project is a SAAP-funded service providing advocacy and support to people living with HIV/AIDS who are homeless or at risk of homelessness. This includes:

- Short term accommodation in managed properties
- Department of Housing priority application advice
- Advocacy on issues of discrimination and harassment
- Transfer advice
- Coordinating respite care
- Brokerage of support to people escaping domestic violence, in need of financial counselling and clients with multiple needs.

A significant number of clients of the ACON Housing Project present with experiences of violence. An increasing number are disclosing experiences of SSDV. The ACON Housing Project has become critically aware of a lack of appropriate housing options and referral for support specific to the needs of people experiencing SSDV. These clients face multiple barriers when attempting to access mainstream crisis accommodation and domestic violence support services. ACON Housing is also receiving requests to assist HIV-negative people who are experiencing SSDV. Responding to these requests is difficult given the current funding arrangement for the ACON Housing Project however there is no other culturally appropriate place to refer GLBT people to for assistance. Housing workers have tried to respond to the needs of people experiencing SSDV however a major gap in services has been identified.

When people experiencing SSDV are not able to access services, this places them at increased risk of homelessness and also threatens their safety. We know from the existing body of experience and knowledge around heterosexual women's experience of domestic violence that limited housing and support options are key factors in sustaining domestic violence (Chung et al 2000). We also know experiences of discrimination and harassment, including violence and harassment in housing, places GLBT people at further risk of homelessness. For people experiencing SSDV, it is essential that referral pathways and housing options are developed, that appropriate and knowledgeable services are available and issues of discrimination are addressed.

This project has been made possible by a grant from the Department of Family and Community Services' (FaCS) SAAP Coordination and Development Committee. Copyright rests with FaCS and ACON will liaise with Australian Government when publicly using this report. Note that the report draws on data and service experiences within New South Wales but conclusions are judged as applicable at a national level. ACON's aim was to articulate the issues and needs of people experiencing/escaping SSDV, highlight gaps and barriers to accessing services and provide ACON with a framework for improving support for people experiencing/escaping SSDV. It is also hoped that by publicising this research and creating a set of recommendations that the findings will have implications for SAAP and domestic violence services in terms of improving accessibility for people experiencing SSDV.

Aims of this Project

- To articulate the housing issues and needs of people experiencing and/or escaping SSDV.
- To highlight and map service gaps and barriers to accessing SAAP services for people experiencing SSDV.
- To promote the development of effective service responses to SSDV, including greater integration and collaboration between ACON and broader SAAP- funded services.

Methodology

This research project constitutes an analysis of service needs, barriers to service, problems at the service interface and service gaps for people experiencing/escaping SSDV.

The project will be guided by the following research questions:

- 1. What are the housing needs of people escaping same-sex domestic violence?**
- 2. What are the service needs of people escaping same-sex domestic violence?**
- 3. What are the housing implications of gaps in service and service provider knowledge for people escaping same-sex domestic violence?**

The methodology adopted for the project included:

- A one-day forum for service providers hosted by ACON, focussing on links between SSDV, homelessness and SAAP responses. The forum included presentations from key speakers, focus group discussion, and workshop using case studies based on experiences of the ACON Housing Project.
- Review of literature on same-sex domestic violence, domestic violence and homelessness, focussing on the housing and support needs of people experiencing or escaping SSDV.
- Review of SAAP NDCA data and ACON data relating to SSDV, domestic violence, and homelessness. The limitations of SAAP data were also examined.
- Mapping the current state of service provision for SSDV- existing accommodation and support services available to people experiencing/escaping SSDV in NSW and their accessibility, relevance/appropriateness and capacity to respond.
- Review of relevant NSW policy in relation to SSDV, domestic violence and housing.
- Examination of overseas models of providing accommodation and outreach services for people experiencing/escaping SSDV.

Rationale

It was originally proposed that the research project would involve individual semi-structured interviews with participants who had experienced SSDV and a text-based analysis of these interviews, drawing out themes around service need, barriers and gaps. It was envisaged that ACON's SSDV community awareness campaign may provide ACON with a pool of clients from which to draw the interview sample. However due to limitations of time and cost this proposal was not feasible. Ethical considerations around ensuring participants were appropriately supported through the research process, the risk of re-traumatising participants, and our limited ability to meet the immediate support needs of participants, also ruled against this option. Recruiting participants would be a large task in itself that would take away from the limited time frame for the research.

Interviewing service providers was also considered as another method for assessing current responses to SSDV and service gaps. However it was decided that a forum would be the best medium to obtain this feedback from services, as it allows for the emergence of common themes and brainstorming/snowballing of ideas, potentially leading to greater innovation of recommendations for how to improve SSDV services. A forum also presented additional benefits in terms of networking and liaison between different sectors which was a major aim of the project, and provided ACON with an opportunity to raise awareness/provide education around SSDV. Hence it

was agreed that the above methodology would be the most effective and realistic way to use the research grant.

This chosen methodology addresses the selection criteria for the SAAP Service and Regional Research Grants Program in the following ways:

- Fits in with the broad research and development priorities for SAAP as same-sex domestic violence is an emerging issue related to housing.
- Addresses service issues, as we map the way SAAP-funded and other agencies are responding to SSDV.
- Innovative, as little research exists about same-sex domestic violence in Australia, particularly research focussing on the housing needs of people experiencing SSDV.
- Involves ACON networking with other relevant agencies including domestic violence services, women's refuges, other GLBT organisations and SAAP-funded services.

The major output proposed for the project is a Research Report including a set of guidelines and recommendations for SAAP, domestic violence and GLBT community services, and government bodies.

Findings of this project may be promoted in articles in GLBT and welfare newsletters and conference presentations and the report could be distributed to SAAP-funded and GLBT community organisations. It is hoped that the findings of this research project will be used to inform future planning for service provision around SSDV.

Literature review

Definitions of Same Sex Domestic Violence

Domestic violence in same-sex relationships may be referred to as Same Sex Domestic Violence (SSDV), 'partner abuse', relationship violence, or battering. Definitions of SSDV may be specific to lesbian or gay relationships or cover same-gender relationships as a whole. For example, Hart (1986) defines domestic violence in lesbian relationships as:

'a pattern of violence or coercive behaviours whereby a lesbian seeks to control the thoughts, beliefs or conduct of an intimate partner or to punish the intimate for resisting the perpetrators control'

Island and Lettelier (1991: 27-8) define gay men's domestic violence as:

'any unwanted physical force, psychological abuse, material or property destruction inflicted by one man on another... through the intentional use of violence or threat of violence, the batterer creates an atmosphere of fear and intimidation in which he is able to get his partner to do what he wants'

The New York Gay and Lesbian Anti-Violence Project, which provides services for gay, lesbian, bisexual and transgender victims of domestic violence, defines domestic violence as:

'any pattern of behaviour within an intimate relationship used to coerce, dominate or isolate; the exertion of power that maintains control' (Dolan-Soto 2002: 3)

Common to these definitions is that, like domestic violence in heterosexual relationships, SSDV:

- is a pattern of behaviour
- involves one partner using and maintaining power and control over another
- causes fear in the other partner

A major theme in literature on SSDV is that although partners are the same gender, SSDV is not 'mutual abuse' but involves one partner exerting control over the other (Lettelier 1996: 74, Dolan-Soto 2002:4)

The definition of SSDV used on the web site for ACON's Community Awareness Campaign is:

'Relationship violence is when your partner or ex-partner uses any form of abusive behaviour to get and maintain control over you and as a result you feel afraid or intimidated by them. It is commonly known as domestic violence'

'Domestic violence is more than just an argument...Domestic violence is an abuse of power that can leave you physically hurt and/or feeling sad, depressed, despairing and/or fearful'

'SSDV' refers to domestic violence in the context of same-gender relationships. Transgender people (who may identify as gay/lesbian, heterosexual, bisexual or other sexualities) and bisexual people may experience domestic violence in the context of same-gender or opposite gender relationships. Although the focus of this report is on SSDV, many of the experiences of abuse and barriers to accessing services would also be relevant for transgender and bisexual people. However,

transgender and bisexual people may also experience domestic violence in different ways and face different challenges when accessing services¹.

Forms and impact of abuse in SSDV

Like domestic violence in heterosexual relationships, same-sex domestic violence has a significant impact on the health and safety of victims. This includes physical (burns, bruises, broken bones etc) and emotional effects which could include depression, suicidal ideation, drug and alcohol misuse, and post-traumatic stress disorder (Tully 2000: 177). However SSDV impacts on people in different ways and individuals may experience a range of emotional responses.

SSDV involves similar forms and dynamics of abuse to domestic violence in male-female couples, and may include physical, sexual, emotional, social and financial abuse (Wallace 1999, Renzetti 2001: 286). The patterns of behaviour, including gaining and exploiting power, explosion of violence and resolution are also similar (Tully 2000: 176). SSDV usually escalates in severity and frequency over time, making it increasingly difficult for victims to leave, as they become increasingly isolated from supports (Island & Lettelier 1991: 41-44).

However domestic violence in same sex relationships is also shaped by the different context of the relationship. Although the 'tools' (forms of abuse) used to maintain control are the same, the specific abusive behaviours reflect the community people live in, and play on community values and (lack of) resources (Allen & Leventhal 1999: 74).

Homophobic control may be used as an additional 'weapon' in SSDV (Wallace 1999: 263), this may take the form of threatening to 'out' a partner (reveal their sexual identity) which may have impact on the victim's employment and social relationships (Renzetti: 287). Transgender victims of domestic violence may have their partners threaten to 'out' their transgender status (Cruz 2001:148). Abusive partners may also play on the poor service response to GLBT domestic violence to discourage partners from seeking help.

People experiencing SSDV generally use a number of strategies to cope with the domestic violence including negotiation, apologising to their partner or changing their behaviours. Victims of SSDV often blame themselves for the abuse (Scherzer 1998: 32). It has been identified in both heterosexual and SSDV that there are a number of difficulties with leaving a relationship where there is domestic violence (Island & Lettelier 1991: 23-4). Usually a person will make a number of attempts to leave the relationship (Island & Lettelier 1991: 41-44).

People remain in abusive same-sex relationships for reasons such as love, hope that a partner will change and commitment to the relationship (Cruz 2003; Merrill and Wolfe 2000; Island & Lettelier 1991: 23). The threat of post-separation violence is another reason why people may remain, as they may fear an escalation of violence towards themselves or family members, stalking or even murder of if they try to leave (Cruz 2003, Island & Lettelier 1991: 96).

¹ For a fuller discussion on experiences of domestic violence for bisexual women, see Sulis (1999)

Financial dependence is a major reason heterosexual women stay in relationships despite the presence of domestic violence, as their lower earning capacity and the economic inequality between men and women makes them financially vulnerable (Cruz 2003). Although it has been assumed that issues of financial control would not be as relevant in same-sex relationships (Cruz 2003), research suggests financial control does impact on SSDV.

One study of gay men who had experienced SSDV found 90% of them reported financially abusive behaviours, including establishing financial control, refusing to contribute to expenses, and causing loss of income. 85% of the men in this study had suffered financial loss and 65% stated that their partner significantly interrupted their work or education (Merril and Wolfe 1999: 12-15).

The significance of financial abuse in trapping victims in situations of SSDV may vary. Merrill and Wolfe (2000: 2) found that although gay men reported financially abusive behaviours, few reported being financially dependent on their abuser, and they were unlikely to report being financially trapped as a reason they stayed with an abusive partner. When it did occur, financial abuse tended to involve feeling entitled to financial support, rather than enforcing financial dependence. For 54% of their sample, lacking the financial resources to leave was not an issue at all (Merril & Wolfe 2000: 20). Similarly in a 1992 study, 68% of lesbian SSDV victims reported that financial dependence had not played a part in their decision to stay in an abusive relationship (Renzetti 1992). Merrill & Wolfe (2000) suggest that same gender couples are more likely to maintain financial independence and also less likely to have financial dependants like children, so are less likely to end up financially trapped.

However, a similar study by Cruz (2003) found that financial dependence was in fact the most common reason cited by gay men for staying in an abusive relationship. Cruz (2003) concluded that 'even though men have more earning power, they too are victimised by financial inequality within a relationship and the reality that they are often economically dependent on an abusive significant other'. Economic dependence may occur due to the effect that living with domestic violence has on employment (Cruz 2003). It has been suggested that HIV positive gay men on disability income support may be particularly vulnerable to financial dependence (Lettelier 1996: 78)

People experiencing SSDV may be more likely to be isolated from their family of origin due to homophobia, relying on their partner as their only source of support (Island & Lettelier 1991: 24). Tactics of domestic violence involve isolating from friends and discouraging independent friendships and relationships (Island & Lettelier 1991: 77). This can lead to isolation in relationships- feeling like its 'us against the world'- where the individual fears what's outside the relationship more than what's going on in the relationship (Waldron 1996: 45).

HIV/AIDS may interact with domestic violence in all relationships but is a particular issue for gay men, given the major impact of HIV on gay men's communities. For example, 30% of clients at the Gay Men's DV Project in San Francisco are HIV positive (Lettelier 1996: 70) Whilst HIV does not 'cause' domestic violence, HIV can factor in abuse in a number of ways: for example, inability to resist unsafe sex in the context of sexual assault, withholding medication from a HIV positive partner, and threatening to reveal a persons HIV status (Lettelier 1996: 71-4).

HIV status has been shown to significantly influence gay men's decision making about staying in relationships where there was SSDV (Merril and Wolfe 2000: 2).

Victims of domestic violence who are HIV-positive may feel that they have no support available to them apart from their abuser, or perceive themselves as 'tainted' or 'damaged goods'- unable to have a relationship with anyone else because no-one else will want them. If they are particularly ill, leaving an abusive partner may be impossible, as they may have no other family support or carers. Living on a disability pension may mean they are financially dependent on their partner (Lettelier 1996: 78-9). Merrill and Wolfe (2000: 18) found that 60% of the HIV positive gay men in their study cited fear of becoming sick and dying as a major influence on their decision to remain in an abusive relationship. Leaving might not seem 'worth the effort', with victims preferring to remain in their own home, even if unsafe, than an uncertain future and housing if they leave (Lettelier 1996: 78-9; Schembri 1994)

If both partners are HIV positive, they may depend for survival on combining joint incomes. In these cases 'leaving may result in both partners losing their housing, and many battered gay men simply may be unwilling to put both themselves and their partners on the street' (Lettelier 1996: 78). If the abusive partner is HIV positive a victim may feel guilty about reporting them to the police or 'abandoning' them. He may feel like he is betraying the community or face censure from friends or the gay community (Wallace 1999: 264 Lettelier 1996: 77-8). Abusers may actively reinforce these concerns with the partner, for example, 'playing sick' to stop a person leaving or entice them to return, or playing on the 'survivor guilt' felt by some HIV negative gay men. Merrill and Wolfe's (2000: 18) found that in gay men whose partner was HIV-positive, 50% cited that not wanting to abandon their partner was a major part of their decision to stay in abusive relationship.

GLBT people from culturally and linguistically diverse communities may experience SSDV in different ways. For example, racism of services may be used to discourage a victim from seeking help, or an abuser may use the cultural norms of that person's community to isolate the victim, for example, they may be threatened with being 'outed' in their ethnic community (Waldron 1996: 45)

People living in rural areas may be particularly vulnerable to SSDV due to increased isolation, lack of services and increased presence of firearms. Lesbian victims of domestic violence in rural and remote communities have been noted as an emerging group affected by domestic violence (WESNET 2000: 13).

Prevalence

Establishing the prevalence of same-sex domestic violence is difficult (Renzetti: 285, Lettelier 1991: 9, Cruz 2003: 309). Indeed, determining the prevalence of domestic violence generally presents a number of difficulties, with many studies relying on self-report data (PADV 1999: 3). Prevalence rates are also affected by the definition of domestic violence used, for example, whether non-physical forms of abuse are included (Mulroney 2003). Domestic violence statistics generally indicate only minimum levels of domestic violence as most domestic violence is not reported to police or crisis organisations (Mulroney 2003: 4, Scherzer 1998: 43).

It's likely that there are even lower levels of reporting for domestic violence in same-sex relationships due to fear of homophobic service responses (Tully 2000: 164) or the lack of services to report to (Island & Lettelier 1991: 9, Cruz 2003: 309, Wallace 1999: 264). SSDV also may not be recognised by service providers or victims as domestic violence (Island & Lettelier 1991: 11; Cruz 2003: 309). Large-scale data collection around domestic violence generally does not include SSDV. Gay men and lesbians experiencing domestic violence may also be reluctant to report abuse

because they don't want to be seen as 'betraying' the gay and lesbian community by giving the community a 'bad name' (Tully 2000: 164)

The available research generally suggests that the prevalence of domestic violence in same-sex relationships is similar to heterosexual relationships, between 15-33% (Mulroney 2003: 12, Renzetti 1992; Scherzer 1998; Tully 2000: 165). One study found that one in ten transgender people had experienced domestic violence (Xavier 2000). However none of the studies cited above are true prevalence studies (Scherzer 1998: 31)- all have utilised self-selected or non-random sampling (Renzetti 2001: 287). The first attempt at large-scale study of the prevalence of domestic violence amongst men who have sex with men (MSM) used a probability based sample of 2881 MSM found that 2 in 5 reported experiencing some form of domestic violence in the last 5 years. 22% of the total sample reported experiencing physical violence and 5% had experienced sexual violence from a partner (Greenwood et al 2002).

An additional limitation of existing data is that some of larger studies of SSDV prevalence rely simply on participants reporting the occurrence of particular behaviours, using instruments like the Conflict Tactics Scale, an instrument which has been criticised as providing limited insight into the power dynamics, effects and complexity of domestic violence (Bagshaw & Chung 2000: 5-6). Qualitative studies, although they may be smaller in scale, often give a better picture of what SSDV is (Scherzer 1998: 43)

Other sources of data available include the annual reports of the National Coalition of Anti-Violence Projects (NCAVP) in the U.S. In 2002 the NCAVP received 5092 reports of GLBT domestic violence (Patton & Baum 2003). This figure is more of a reflection on the success of GLBT domestic violence programs in particular areas than a prevalence indicator, as it only including those who have an AVP in their area and report to it, however it does demonstrate the magnitude of SSDV.

Information on the prevalence of domestic violence for transgender people is limited. One survey of transgender and intersex people found that 50% had been raped or assaulted by a romantic partner, although only 62% of those raped or assaulted (31% of the total sample) identified themselves as a survivor of domestic violence when asked (Courvant & Cook-Daniels 2000).

Little Australian data on SSDV is available. Australian homicide statistics suggest 20% of all homicides occur in the context of domestic violence, this equates to around 76 a year, and 2% of these occurred within same-sex relationships (Mulroney 2003: 6). A 1994 police survey found that 5% of lesbians and gay men reported experiencing domestic violence in the last 12 months (Thomson 1995).

Given that the stigma attached to same-sex relationships means people may continue to hide the nature of their relationships from researchers, and the exclusion of sexuality indicators in most large-scale data collection, it is likely that true prevalence figures for SSDV will not be available for some time. However the research does make it clear that SSDV is not an anomaly (Scherzer 1998: 43). In summary, research suggests that: 'partner abuse occurs in same-sex relationships, it is not so infrequent as to be anomalous; and once it does occur, it is likely to re-occur and to become increasingly severe over time' (Renzetti 2001: 287).

Domestic violence and homelessness

In considering the housing and support needs of people escaping SSDV, it is important to consider what constitutes adequate housing- many definitions go beyond physical shelter to include safety as a fundamental part of being housed. For the purposes of SAAP, a homeless person is defined as someone who does not have access to safe, secure and adequate housing (AIHW 2003). Whilst people are experiencing domestic violence in their place of residence, they are essentially 'homeless'. Homelessness is broader than 'rooflessness' and includes moving frequently from one form of temporary shelter, like crisis accommodation and staying with friends and family houses to another.

A clear link has been established between women's homelessness and domestic violence (Chung et al 2000: 13). Homelessness is a common experience for women escaping domestic violence and continues to be an urgent and pressing problem, with the majority of women leaving violent relationships facing considerable struggle and dislocation in terms of housing (PADV 2003: 19). The upheaval, disruption, and social and economic disadvantage that people escaping domestic violence face in part occurs due to the failure of the criminal justice system to deal with domestic violence adequately, meaning many victims of domestic violence are forced to flee their homes and search for new accommodation in order to be safe (Chung et al 2000: 13). This can result in victims of domestic violence losing their social networks and supports, disruption of life activities and employment, and ending up in substandard accommodation and poverty (Field and Carpenter 2003)

It has also been demonstrated that accommodation options (or lack of options), including cost, safety, tenure, location are an important factor in women's decision-making when experiencing domestic violence (Chung et al 2000: 12), and that some will return to a violent partner due to lack of accommodation options (PADV 2003: 54).

Refuges for women and children escaping domestic violence have formed a major element of the service response to domestic violence, however this model of service provision is now being reviewed. A recurring theme in the literature is a shift in thinking about domestic violence, challenging the idea that victims should be the ones to leave the home. This has led to examining ways it may be possible for victims of domestic violence and their children to remain in the home whilst perpetrators are excluded (PADV 2003: 19, Edwards 2004). However there would need to be significant changes in criminal justice and interagency responses to domestic violence for this to be effective (Chung et al 2000: 14). A corollary of this is that accommodation services for perpetrators of domestic violence may have to be developed. It is also recognised that whilst some victims may prefer to stay in their own homes, there are a number of legitimate reasons why others wish to leave, such as fear of post-separation violence, or wanting to leave behind the memories of violence (Edwards 2004)

It has also been recognised that for most victims of domestic violence, separation and fleeing a shared home is a last resort after all other steps have been tried. People experiencing domestic violence need support before they reach this point as well as support to escape, whilst others may not want to leave the relationship at all. Domestic violence services are being challenged to reorient themselves to include service models which cater for those who are still living in situations of domestic violence (PADV 2003: 60)

Recent reviews indicate that existing domestic violence services and women's refuges are not effectively providing for a range of marginalised groups including gays and lesbians, but also people from Non-English Speaking Backgrounds and rural areas (Bagshaw et al 2000 , PADV 2003: 41). Other limitations of the current model for addressing homelessness caused by domestic violence is that it is based on a crisis/emergency response, with a lack of medium and long-term accommodation and exit points from SAAP (Chung et al 2000). This results in some service users 'drifting'- living in transition, moving frequently between different forms of crisis accommodation and remaining in crisis accommodation longer than necessary (PADV 2003). There also remains a shortage of refuges, particularly in rural areas (WESNET 2000)

Current thinking around domestic violence and homelessness suggests that a range of flexible housing and support options need to be made available to people who have experienced DV. This should include variety in terms of length of stay, security and architectural style (Chung et al 2000). Whilst recognising that safety should remain the overarching principle in provision of services, and a continuing need for high-security, 24-hour staffed, refuge-style crisis services, other forms of accommodation such as independent living in cluster style units and longer term accommodation should also be considered (PADV 2003: 19)

Models of non-residential, outreach support have also been promoted for people who do not wish to enter crisis accommodation, either because they continue to stay in relationship or wish to remain in own home and have the perpetrator removed (PADV 2003: 61; Chung et al 2000).

A collaborative interagency response to domestic violence is an essential part of effectively responding to the issue of DV-related homelessness (PADV 1999: 25; PADV 2003b: 31). Co-ordination and collaboration between crisis accommodation and other housing services with the police, legal services, perpetrator programs and counselling support is essential.

GLBT homelessness and GLBT experience of services

Measuring gay, lesbian, bisexual and transgender people's experiences of homelessness and engagement with SAAP is difficult. Most literature and data on homelessness does not include any information on the impact of sexuality.

Studies of GLBT youth homelessness provide some information about GLBT experiences of homelessness and crisis accommodation services. Young GLBT people experience homelessness at significantly higher rates than their peers. A significant number of these young people experience harassment and violence in crisis accommodation, including sexual assault and homophobic harassment. Some GLBT young people's experience of refuges as unsafe meant that they chose to live on street rather than in refuges (Irwin et al 1995: 31).

Transgender people face particular difficulties when seeking crisis accommodation (Mottet & Ohle 2003). Before considering the impact of domestic violence, transgender people face increased risk of homelessness, due to lack of employment, high rates of violence and discrimination, and estrangement from family of origin. Housing has been identified by transgender people as one of their three most pressing needs. One survey found that 13% of transgender people reported they do not feel safe in their current housing and only 26% felt happy with their housing

generally (Xavier 2000). Another needs assessment found 1 in 5 transgender people did not have stable housing (Minter & Daley 2003).

The majority of crisis accommodation is sex- segregated and when attempting to access services transgender people may not be able to access their shelter of self-identified gender. In addition transgender people may face disrespectful treatment, harassment or safety risks in crisis accommodation services (Minter & Daley 2003). Transgender people report insensitivity and hostility of housing staff and other residents as a barrier to accessing accommodation services (Xavier 2000), with one in three having experienced discrimination in housing (Minter & Daley 2003). Given these barriers to access, transgender people may live on the street or stay in an abusive relationship (Mottet & Ohle 2003: 5)

Research on GLBT experiences of mainstream accommodation services has led to recommendations of increased GLBT-specific housing and training for service providers including SAAP-funded services (Irwin et al 1995: 7). Whilst some GLBT people prefer GLBT-specific accommodation and services, finding this to be a supportive environment, others may not- for example if someone is not comfortable with their sexuality, they may be hesitant to approach a GLBT service. In other cases a GLBT service may not be capable of responding to the specific needs of that person and they may prefer a service with a different focus or specialisation (Irwin et al 1995). It is important therefore that mainstream services are accessible to GLBT people. The literature identifies some steps that crisis accommodation providers can take to increase accessibility and safety for GLBT clients such as language use, creating a supportive environment, intake processes and bathroom privacy (Renzetti 1996; Mottet & Ohle 2003)

Help-seeking around SSDV

Many people experiencing SSDV will not ever come into contact with services. One study found 25% of lesbians who had experienced SSDV felt unable to seek help at all, most commonly this was due to financial reasons or embarrassment (Scherzer 1998: 39). Another reason people experiencing violence in same-sex relationships may not seek help is that they may not conceive of their experience as 'domestic violence' but a relationship issue or a normal part of same-sex relationships (Cruz 2003: 309). Service providers may not identify victims of SSDV- for example, a gay man presenting at hospital with physical injuries is less likely than a heterosexual woman to be asked whether the injury is a result of domestic violence (Island & Lettelier 1991: 11)

The context of societal homophobia, discrimination within government policies and services, and the likelihood that they have experienced homophobia in the past means that many GLBT people may be afraid or wary of accessing services (Wallace 1999: 260) A person experiencing SSDV may not seek help because they fear coming out to service providers (Tully 2000: 164) and anticipate homophobic or humiliating responses (Wallace 1992: 265). GLBT victims may be reluctant to call the police due to fears that the violence will be treated as 'mutual battering' or 'fighting', and may fear (not unrealistically) that they may end up being arrested (Friess 1997). Gay men and lesbians have low levels of reporting any type of crime to police (Thomson 1995) with one survey finding that over 50% of lesbian crime survivors had no contact with police or had delayed contacting them (Baird 1997: 123). For GLBT people from diverse cultural backgrounds, there may be a history of poor relationships with the police or discrimination in service provision which increases the barriers to engaging with services (Waldron 1996: 48). People with a non-legal

immigration status may have additional fears of the police and authorities (Mendez 1996: 56-7).

When they do seek help, people experiencing SSDV are most likely to approach informal supports (like friends) and generalist counsellors (Scherzer 1998, Renzetti 1989, Merril & Wolfe 2000). For example, Scherzer's (1998: 39) study of domestic violence in lesbian relationships found that of those who did seek help, the majority approached counsellors (90%) or friends (82%). Only a minority (5%) went to domestic violence services. Research by Renzetti (1989: 160; 1996: 62) found lesbian victims of domestic violence were less likely than heterosexual women to seek help from domestic violence hotlines or women's refuges- only 13% approached women's refuges- because they did not perceive these services as available to them. Lesbians expected to be turned away or made to feel uncomfortable about their sexuality by women's domestic violence services. Lesbians also felt that women's refuges were unsafe because, unlike men, their abusive partners would be able to enter. Lesbian survivors of DV were less likely to turn to relatives, the police, legal and medical services than heterosexual women (Renzetti 1992)

Similarly, research on gay men's help-seeking behaviour following SSDV found that few gay men sought help from emergency shelters or battered women's services with only 8% and 10% respectively seeking help from these services (Merril & Wolfe 2000: 16). Significantly, many gay and bisexual men who had experienced SSDV sought support from HIV service agencies. Merril & Wolfe (2000: 14) report that of the 20 HIV + men in their study, 45% sought help for SSDV from HIV-related agencies.

People seeking help for SSDV report experiencing homophobic and/or misguided responses from service providers. Elements of existing services that deter GLBT people from accessing them include heterosexist assumptions, being unsafe due to violence and harassment, and outright discrimination based on sexuality or gender identity. People experiencing SSDV have also confronted misconceptions of service providers who make assumptions about who the perpetrator is based on body size and gender expression, and assume that the violence is not as serious and it is easier for victims of SSDV to leave

Lesbians who have sought help from domestic violence services report them to be unhelpful or only a little helpful. Lesbians report that service providers minimised or denied the existence of SSDV, and were reluctant to recognise their experience as 'domestic violence' and acknowledge non-physical forms of abuse (Renzetti 1989: 161). Heterosexist assumptions of staff e.g. being asked if 'he' is there, also dissuade lesbians from engaging with DV services (Friess 1997). Lesbians' experience of domestic violence services contrasts with that of heterosexual women who typically find women's shelters an effective source of help (Renzetti 1989: 160).

Renzetti (1996) suggests there is a disparity between the rhetoric and official policies of DV service providers and women's shelters, which promotes inclusivity to lesbians, and the reality of the services available. Renzetti surveyed over 500 women's domestic violence services and found that although 96% of agencies claimed to welcome lesbians, few agencies could provide clear examples of how this was enacted in practice. Most referred to general anti-discrimination policies or the fact that they had lesbian staff and their sole measures of lesbian accessibility. Only 9.7% of services reported undertaking specific actions to improve accessibility for lesbians, such as distributing brochures on lesbian domestic violence, advertising in lesbian press or having lesbian-specific support groups, and less than one third had any

materials on lesbian DV available to staff or service users (Renzetti 1996: 64). Services tended to attribute their lack of lesbian-specific outreach to low levels of need, however Renzetti questions whether the level of requests for service accurately reflect the needs of lesbians, given that research shows few lesbians experiencing SSDV approach domestic violence services (Renzetti 1996: 65).

Gay men experiencing SSDV rated individual counsellors and independent (i.e. separate from partner) friends as the most helpful supports. Gay men's domestic violence services, and GLBT or HIV services were also consistently rated as helpful by gay men, with over 90% rating these as helpful, whilst women's domestic violence services and partner's friends were least helpful (Merril & Wolfe 2000). However it is important to note that whilst being accessible, GLBT and HIV/AIDS services may lack knowledge and experience in working with domestic violence and may not be placed to offer an ideal service response (Tully 2000:177). Gay men are likely to find mainstream domestic violence services even less helpful than lesbians did, given that most services use a gender-based model of domestic violence and generally work with the heterosexual community where men usually are abusers. A gay man ringing a domestic violence service may be hung up on or assumed to be a perpetrator (Lettelier 1996: 75). Another challenge faced by gay men seeking help for SSDV is that they are not seen as 'real' or 'worthy' victims of DV (Merril & Wolfe 2000: 25).

Service provision is particularly important for people experiencing SSDV as they may be less likely than heterosexual women to have informal support available. For example, whilst family of origin is frequently an effective help source for heterosexual victims, it is less likely to be available for GLBT victims as they may not be 'out' or may be estranged from their family (Renzetti 1989: 161). GLBT people also live and socialise in the same small community as their partner and may share friends, limiting the availability of friends who can act as allies for the victim (Scherzer 1998: 33). There is also a lack of knowledge and understanding about SSDV in both the GLBT and wider community which means friends and family may not identify SSDV or know how to respond. For example Lettelier (1996: 74) reports that gay men experiencing SSDV were criticised by those they confided in for not 'taking it like a man' or 'standing up for themselves'.

Services have an important effect on the decision-making of people in abusive relationships and 'the decision to leave an abusive relationship is typically mediated by the availability of alternative options and resources' (Renzetti 1996: 62). Lack of knowledge about domestic violence and lack of appropriate resources were significant factors in gay men's decision making about leaving or staying in relationships (Merril & Wolfe 2000: 2). In Renzetti's (1989: 161) study, 50% of lesbians reported having 'no place to go' as one of the reasons they remained in an abusive relationship. Practical assistance from friends or service providers was the factor which prompted others to leave the relationship (Renzetti 1989: 161). Research on heterosexual women victims of domestic violence also indicates that the responses of third parties (including friends, family and service providers) is important and negative responses can increase the victim's feelings of isolation and self-blame. The response of third parties may be even more crucial in SSDV when the relationship itself is stigmatised (Renzetti 1989: 157). This clearly indicates the importance of developing housing options for SSDV victims if we are to improve their ability to make real choices about safety.

Effective service provision in SSDV

The focus of service provision to people experiencing SSDV should be on safety and empowerment (Wallace 1999: 266). Fundamental to effective service provision for SSDV is that the client is respected and believed, the effects of domestic violence are not minimised, and the victim is not blamed (Renzetti 1989: 161).

Other basic guidelines for responding to SSDV include the importance of pointing out that some forms of SSDV are a crime, explaining legal options to the person and encouraging and supporting victims to use the legal system and/or police to improve safety (Wallace 1999: 266). Victims of SSDV may require crisis intervention focussing on physical and emotional safety and medical needs. Practical needs may need to be met first before proceeding with therapeutic intervention around integrating trauma and rebuilding self-esteem (Tully 2000: 177). Safety in the post-separation period is a concern in SSDV and effective legal and housing responses are required to reduce risks to safety during this time.

Working with SSDV does require some specialist skills, including assessing the dynamics of abuse. Given that in the majority of heterosexual relationships, abusive partners are male (Bagshaw & Chung 2000) service providers may take it for granted that women seeking services are victims and men are abusers. In SSDV, such assumptions cannot be made. Staff may feel ill equipped to assess who is more deserving/eligible for services (Istar 1996). Assessment of abuse dynamics is made more complex by the fact that victims of DV may perceive themselves as the one to blame for the violence. Time and appropriate questioning is required to fully assess abuse dynamics and this may require a change to intake procedures in some organisations (Crane et al 1999: 128-9; Baum 1997; Goddard & Hardy 1999).

Providing services to people affected by SSDV requires the development of cultural sensitivity and ability to work with GLBT people. Organisations may require training on SSDV and sexual diversity (Merril & Wolfe 2000: 24-5; Crane et al 1999: 129). Renzetti (1996: 66) suggests that before a service can effectively address SSDV, it must first acknowledge same-sex relationships, therefore anti-homophobia training for staff is essential. Further suggestions for including accessibility to GLBT clients include: explicitly recognising SSDV as a serious problem; having some staff trained specifically on SSDV, using non-heterosexist written and spoken language and advertising/community awareness campaigns in GLBT community media (Renzetti 1996: 66-7; Crane et al 1999). Outreach in multi-lingual media and community press should also be considered in order to reach GLBT people of diverse cultural backgrounds (Mendez 1996: 54-5; Waldron 1996: 46-7). Another aspect of cultural literacy includes knowledge about HIV and related social service needs. Letellier (1996: 73-78) suggest it is important that workers have frank discussions with gay men about safe sex and provide information on HIV as part of SSDV interventions. Intervention can also include discussion around ways a victim can care for HIV positive abuser without putting their own safety at risk.

Clear policies for addressing homophobia and harassment should be articulated to staff, volunteers and other clients. Intake could include routine screening and education around homophobia. This has the effect of communicating to gay and lesbian service users that they are welcome, and may also reduce homophobia of other residents, or make it clear that homophobia will not be tolerated (Crane et al 1999: 129)

Hamberger (1996: 86) suggests an integrated approach to SSDV is required and that for individual interventions to be effective, they must take place in the context of

community level responses, which name the problem and develop unified anti-violence front. Community awareness campaigns, prevention and direct service provision to people affected by SSDV are all important elements of this strategy.

People experiencing SSDV require a range of services including telephone support, counselling, emergency practical assistance, and accommodation. Although the response to domestic violence faced by heterosexual women has centred around accommodation-based service, setting up refuges for GLBT victims of domestic violence is not necessarily the most useful way to begin to address their needs (Merril & Wolfe 2000: 26-7). It is unlikely that an agencies dedicated solely to SSDV will be developed in the near future. Services for SSDV could be provided through a variety of existing agencies, including GLBT services, HIV service providers, Anti-Violence Projects and/or women's DV services, depending on local context. Collaborations between existing women's DV services and gay community agencies, sharing respective expertise may be the most creative way to pool resources (Hamberger 1996: 89)

Conclusion

In summary, what the literature tells us about the housing and service needs of people experiencing or escaping SSDV is:

- People experiencing DV are at risk of homelessness, as they may have to flee for their safety. Financial control, isolation from friends and family of origin, and the impact of HIV all increase the risk of homelessness and limit housing options.
- Appropriate housing options must be available if a person is able to make real decisions about the DV. This may include a variety of models including outreach services.
- GLBT people require services which are culturally aware, skilled and knowledgeable about SSDV, non-homophobic, and safe from harassment.

The implications of gaps in service and service provider knowledge around SSDV are that:

- Many people will stay with or return to an abusive partner because they have no other options.
- Alternatively they may experience further trauma, harassment and violence in attempts to access accommodation, or sleeping rough

The Supported Accommodation Assistance Program (SAAP) and SSDV

The Supported Accommodation Assistance Program (SAAP) was established in 1985 as a joint project of State and Federal Governments which develops responses and programs for homelessness in Australia. In NSW, SAAP is administered by the Department of Community Services.

The aims of SAAP are to:

'Provide transitional supported accommodation and related support services, in order to help people who are homeless or at imminent risk of homelessness to achieve the maximum possible degree of self-reliance and independence, with the goals being to

- resolve crisis
- re-establish family links where appropriate
- re-establish a capacity to live independently of SAAP' (FACS 2000)

In 2002-3, 1282 non-government, community or local government agencies were funded under SAAP. This included large organisations that operate multiple services, as well as smaller, locally based services (AIHW 2003: 1). SAAP provides services to families, single men, single women, young people and women and children escaping domestic violence and includes three key sectors: general homelessness, women's domestic violence and youth services, represented by the peak bodies Homelessness Australia, The Women's Services Network (WESNET) and the National Youth Coalition on Housing (NYCH).

The most common services provided by SAAP agencies are accommodation/housing assistance, general support and advocacy, and provision of basic support such as meals and shower facilities (AIHW 2003: 36). Housing support mainly consists of accommodation in SAAP or CAP² accommodation but also assistance with maintaining or securing other forms of short-term or independent housing. (AIHW 2003: 31). Counselling and emotional support, financial and employment services and specialist support (e.g. medical or disability services, drug and alcohol services, interpreters) were also provided to a lesser extent. The type of services provided tend to vary according to client group- for example, female clients over 25 or with children were significantly more likely to receive domestic violence counselling.

The SAAP definition of a homeless person is 'someone who does not have access to safe, secure and adequate housing' (AIHW 2003: XV). A person does not have access to safe, secure and adequate housing if the only housing they have access to:

- damages or is likely to damage a person's health
- threatens a person's safety
- causes the person to be marginalised, through failing to provide access to adequate personal amenities or the economic and social supports that a home normally affords
- offers no housing security in regard to legal tenure

1 ²Crisis Accommodation Program- this provides capital funding for crisis accommodation services.

Many people experiencing SSDV would not have access to adequate, safe and secure housing under this definition. People experiencing SSDV may be unsafe in their current housing if they live with a violent partner or are experiencing threats or violence from a partner/ex-partner at their home. Living with SSDV also threatens a person's health, with the possibility of physical injury as well as a range of mental health effects. The damaging effects on health may be particularly concerning for HIV positive victims of SSDV.

Services to women escaping domestic violence have been a major component of SAAP since SAAP was established. 22% of SAAP-funded services specifically target women escaping domestic violence. Women escaping domestic violence form the second largest client group in SAAP, after young people (Chung et al 2000: 12). Reason given for seeking assistance from SAAP varies significantly according to gender. Domestic violence is the main reason that women give for using SAAP (Chung et al 2000: 12), with 52% of women with children and 44% of women over 25 seeking assistance for this reason. Relationship/family breakdown is another reason given for seeking support, this is highest among young people with 17% of men under 25 and 22% of women under 25 nominating this reason. In contrast, very few single men over 25 nominate domestic violence or abuse as reasons for seeking services- 7% nominating relationship/family breakdown and less than 1% nominating domestic violence or physical/emotional abuse.

The SAAP National Data Collection does not include data on sexuality or transgender identity. The data on domestic violence does not indicate whether the person experienced domestic violence from a same-sex partner. It is highly likely that many people, particularly gay men, escaping SSDV would not identify domestic violence as the reason for seeking services, given that this would require them to 'come out', and that SSDV is not recognised within the GLBT community and amongst many service providers as 'domestic violence'. The NDCA data includes only the 'main' reason for seeking assistance and it's possible that given the stigma attached to same-sex relationships and the lack of community awareness around SSDV, people experiencing SSDV may nominate other reasons such as 'usual accommodation not available' rather than disclose that they have experienced SSDV.

SAAP has operated through a number of 5-year stages and currently is nearing the end of SAAP IV and preparing for SAAP V. Over these stages there has been a shift towards supporting clients to move towards independence rather than simply providing a crisis service, and an increased focus on providing case management and support services to clients. Reviews of SAAP have highlighted the broad and multiple needs of SAAP clients and emphasised the need for integrated support and a continuum of support to be provided to service users, as well as the importance of strengthening links with other programs such as education and employment. Given SAAP's broad definition of homelessness and the inclusion of those 'at risk' as a client group, there is scope within SAAP to include early intervention and prevention work, and this has increasingly been raised as an important part of the work SAAP does.

The outcomes of the National Strategic Priorities for SAAP IV include development of 'crisis responses that respond effectively to changing patterns of need' and 'increased partnerships with other service systems to meet needs' (FACS 2000). Within this framework there is scope to recognise people experiencing or escaping SSDV as an emerging group of people in need of accommodation and support. There is also an opportunity for partnerships to be developed between SAAP services and existing GLBT community agencies such as ACON, the SSDV Interagency and other services which are responding to SSDV.

The SAAP IV National Strategic Priorities also include a commitment to reviewing and enhancing the current data collection and developing a research agenda that will 'add to our understanding of the nature and complexity of homelessness and domestic violence'. Current data collection may be improved by including sexuality and transgender identity, and methods for collecting this data should be considered. Given the limited research currently available on SSDV, more research into the interaction between SSDV, sexuality and homelessness would add to our understanding of the complexity of homelessness and domestic violence.

The SAAP IV National Strategic Plan states that 'SAAP will frame service delivery around a continuum of care approach, principles of access and equity and a commitment to protect client's rights and dignity'. In ensuring that principles of access and equity are extended to GLBT people and those experiencing SSDV, it is important that SAAP consider ways of responding appropriately to SSDV.

Conclusion

The risk of homelessness inherent in the experience of domestic violence means that many people experiencing SSDV form part of SAAP's target client group. Given the historical basis of responses to domestic violence being located within SAAP, as well as the range of services and 'continuum of support' modelled in SAAP, SAAP is well-placed to respond to SSDV. The SAAP model of service provision, which includes crisis accommodation, support services, partnerships with other sectors and a focus on encouraging independence, is an appropriate and relevant model for addressing the needs of people experiencing/escaping SSDV. A variety of forms of support may be required in responding to SSDV, including crisis accommodation but also assistance with maintaining or securing independent living and early intervention into SSDV to prevent homelessness.

Responses to SSDV: the current state of service provision

Services for SSDV have been described as '20 years behind the battered women's movement in terms of information and resources available' (Friess 1997). The gay and lesbian communities responses to SSDV have been characterised to some extent by silence, minimising, denial, and a desire to present a 'good face' to the heterosexual world (Island & Lettelier 1991: 36-8). Lack of recognition of same-sex relationships and homophobia of governments and service providers has also contributed to inaction.

The first literature about domestic violence in lesbian relationships emerged in the 1980's and since this time domestic violence in gay male relationships has also been identified. There have been pockets of activity within the lesbian and to a much lesser extent gay communities around SSDV since this time. At the same time academic study has increased, debunking idea that same-sex relationships were free of abuse (Tully 2000: 164). This section documents some overseas examples of SSDV service provision as well as emerging responses to SSDV in NSW. Current housing options for people experiencing or escaping SSDV are also examined.

Overseas responses to SSDV

This section provides a 'snapshot' of examples of the way SSDV service provision. It is not a comprehensive history of the way SSDV has been responded to in other countries, nor does it include all of the initiatives around SSDV. Most of the programs discussed are from the United States as most readily available information was from this country.

In the U.S., development of service responses to SSDV has mostly occurred within GLBT community services, particularly Lesbian and Gay Anti-Violence Projects, which initially were established to address hate violence against GLBT people. The National Coalition of Anti-Violence Projects publishes an annual report containing data on services provided regarding GLBT domestic violence (Patton & Baum 2002).

Some GLBT specific domestic violence projects have been established in the U.S. In most cases these services have emerged from community organising. For example, the Kansas City Anti-Violence Project emerged from a forum held with community leaders, shelters, sexual assault services, AIDS service organisation and domestic violence services, where it was agreed that there was a gap in services for LGBT people experiencing domestic violence. Many of the community based GLBT domestic violence services rely heavily on volunteers.

The Community United Against Violence (CUAV) in San Fransisco established the first gay men's domestic violence program in 1986 and now also provides services to lesbian, bisexual and transgender victims of domestic violence. In 1997-8 through its 24-hour helpline this service provided assistance to 440 people and this included provision of emergency hotel vouchers to 15 people. In-person counselling and assistance with the criminal justice system are also provided. In continuing to address the housing needs of people experiencing SSDV in the future, the CUAV aims to expand the length of emergency shelter available and develop the capacity to provide grants to victims to assist them to establish new, safer households.

The 519 Community Centre, a GLBT community centre in Toronto, Canada, offers services related to gay-related violence including SSDV. These include assistance with reporting crime to police, providing justice system support, referrals, and counselling. Working in conjunction with this centre is a Gay Partner Abuse Project

that offers educational services and forums on SSDV for the public, operates a helpline and organises housing for victims.

Another service for gay men is the Gay Men's Domestic Violence Project in Boston established by volunteers in 1997. The service has seen an increase in clients by about 20% every year. It provides a 24-hour crisis line that offers support and crisis planning. An example of an innovative response to SSDV and homelessness is the 'Safe Home Network' established at this agency. An adaptation of a similar 'safe home' project for women victims of domestic violence, the Safe Home Network consists a list of residences that are able to offer temporary housing to a victim of SSDV when needed.

The Network/La Red, a service that exists to end abuse in lesbian, bisexual women's and transgender communities has also run a 'safe home network' since 1998. A 'safe home' is a free, confidential space provided by trained volunteers in their home for a period of one to fourteen nights. The 'safe home' provides breathing room, physical shelter and peer support as needed whilst the agency provides daily support from a worker, referrals, support services, and advocacy. Victims are required not to contact their abusers or attend work/school to minimise safety risks whilst in the safe home.

Some women's domestic violence services have also developed specific programs for lesbian and bisexual survivors of domestic violence and/or conducted outreach activities to improve accessibility to lesbians. For example, Bradley-Angle House is a women's domestic violence crisis accommodation service that has expanded its client group to specifically include lesbian and bisexual women. This included carrying out specific outreach to lesbian community, organising community forums on SSDV, establishing support groups for lesbian and bisexual survivors of domestic violence and developing intake procedures and shelter rules that utilised inclusive language and promoted respect for diversity. This includes 'screening' residents for homophobia by asking about their feelings about diversity. Residents are not expected to have 'perfect' attitudes to lesbian women but should be willing to consider information and engage in self-reflection (Crane et al 1999).

Housing, particularly emergency accommodation had been identified as an issue by service providers (LAGLC 2002: 25). There are no lesbian or gay-specific domestic violence refuges, lesbians are not uniformly welcomed in women's domestic violence services and there are no shelters for gay men escaping domestic violence, although in a few cities gay men can access hotel vouchers in a crisis (Tully 2000: 177)

Responses to SSDV in NSW

Action around SSDV has occurred sporadically in Australia, for example, a conference on violence in lesbian and gay relationships was held in Sydney in 1994. However until very recently there was a lack of a coordinated or sustainable response to the issue. Most action around SSDV has occurred due to the commitment of individual workers or community members and there has been a lack of government recognition of the issue.

Since 2001 the SSDV Interagency and Working Group has provided an opportunity for service providers to collaborate and advocate on SSDV. The interagency began in 2001 when social workers at St Vincent's Community Health noticed an increase in the number of HIV-positive gay men presenting with domestic violence, and called a meeting for government and non-government agencies. A number of achievements have emerged from the Working Group including input into Department of Housing

policy, regular interagency forums, the development of a reading pack on SSDV for services and input into ACON's SSDV community awareness campaign.

ACON's response to SSDV has included providing services through the Counselling, Enhanced Care, Housing and Lesbian and Gay Anti-Violence Projects, however capacity to respond is limited given that the primary focus of these projects is elsewhere (providing services to HIV positive people or those at risk of HIV, or responding to hate violence against gay and lesbian community). Most recently, ACON developed and distributed the SSDV community awareness campaign, funded by the NSW Attorney-General's Department.

Policy Statements

Significant this campaign received government funding; and an increasing number of government bodies are recognising the existence of SSDV in policy, albeit at a theoretical level, as there remains a lack of practical initiatives. Policy statements include:

- **NSW Department of Housing**

NSW Department of Housing policy includes a commitment to 'reducing the effects of domestic violence by improving people's access to safe affordable housing'. People who have experienced domestic violence are eligible for assistance from the Department, including Priority Assistance, Emergency Temporary Assistance, Rentstart and Priority Transfers for existing tenants. 'Domestic violence' here includes SSDV. Generally supporting evidence of domestic violence is required, such as an AVO, police or medical report however the policy further recognises that:

'Particular client groups such as... people from same sex relationships may have greater difficulties in providing documentary evidence as a result of cultural issues and availability of services' (NSW Department of Housing 2004)

In these cases alternative substantiation may be considered.

- **NSW Health**

The NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence recognises that domestic violence may occur in same-sex relationships (NSW Dept of Health 2003). NSW Health also recognises that lesbians and gay men face difficulties having their sexuality recognised in health care settings and that this may affect their access to services if experiencing domestic violence. 'HIV-related abuse' is included as a specific factor in same-sex domestic violence. NSW Health recommends health workers should: explore the dynamics of the relationship to understand who is the victim of violence; focus on the safety of the victim and their children; and recognise that gay and lesbian notions of 'family' may be broad and not based on biology (NSW Health 2003)

- **Department of Immigration and Multicultural and Indigenous Affairs (DIMIA)**

The domestic violence provisions of migration law apply to interdependency applications submitted by gay and lesbian partners of Australian citizens. These provisions mean that it may be possible for a person whose permanent residence is dependent on their relationship with their partner to remain in Australia if that relationship has broken down due to domestic violence (LGIRTF 1996). Evidence of domestic violence is required.

- Partnerships Against Domestic Violence (PADV)

PADV is a collaboration between Commonwealth and State/Territory Governments, established in 1997 to test new approaches and develop good practice in preventing and responding to domestic violence. PADV has been instrumental in challenging some of the orthodoxy around domestic violence and developing ways of responding to DV that recognise difference in the way certain individuals and communities experience violence, including the way sexual identity intersects with gender and violence (PADV 1999: 1). PADV (1999: 12) explicitly recognises that 'the special needs and circumstances' of lesbians and gay men mean that they form a 'particular group whose experiences of domestic violence may require differing responses'. It is recommended that in developing coordinated responses to DV, services must increase their inclusiveness to ensure that a wider segment of the community, including people in same-sex relationships, can access help for domestic violence (PADV 2003: 53). The major PADV report *Reshaping responses to domestic violence* (Bagshaw and Chung 2000) recognises that both lesbians and gay men experience domestic violence and have unique needs.

In the non-government sector, the NSW Women's Refuge Movement has recognised that domestic violence occurs in lesbian relationships. The Women's Refuge Movement access and equity manual 'The Open Door' recommends that:

- Women's refuges display information about lesbian domestic violence
- Refuge staff inquire about a person's relationship and do not assume heterosexuality.
- It is good practice to promote the employment of lesbian staff and representation of lesbians on refuge management committees
- Women's refuges should provide staff with training on assisting lesbian domestic violence survivors
- Information on police Gay and Lesbian Liaison Officers should be provided to women accessing refuges. (NSW WRRRC 2003: 55-7)

The Women's Refuge Movement recognises that in line with the Transgender Discrimination Act (1996) it is illegal to discriminate on the basis of transgender identity and that women's refuges must not exclude people on the basis on being transgender (male to female). However this policy makes no commitment to improving access to transgender women or provides any further guidelines (NSW WRRRC 2003: 13)

Current options for people experiencing/escaping SSDV who are at risk of homelessness

Tenancy

Victims of SSDV have the same legal rights as heterosexual victims of domestic violence in regard to tenancy matters before the Consumer Trader and Tenancy Tribunal (CTTT). This includes, if the person wants to leave the home, the right to apply to the CTTT for early termination of a tenancy on the grounds of hardship. However, regardless of the type of relationship, tenants who have experienced domestic violence still lack some basic rights. Some decisions, such as transferring a tenancy, may rely on the discretion of landlord. This may present additional difficulties in the case of SSDV given that same-sex abuse is not well recognised as a serious issue in the community.

Private rental

Victims of domestic violence who are fleeing a partner may be able to access the private rental market. Short-term private accommodation such as hotels or backpacker accommodation may also be used. The main difficulty with these forms of accommodation is cost- for example, raising the bond for a new lease may be difficult, especially if a person's partner controls existing bond money, or a person is still required to pay rent/mortgage payments on the home they shared with their partner. The support needs of the victim, who may be traumatised, are not address, and this option can increase their isolation, particularly if they are forced to move out of the area in order to access affordable accommodation. Backpacker accommodation or boarding houses may be overcrowded and unsafe, and provide no security of tenure. It is recognised that the private market does not provide adequate options for women escaping domestic violence, for these reasons it is also unsuitable for many victims of SSDV.

Exclusion Orders

Exclusion orders are orders that can be part of an Apprehended Violence Order (AVO) which prevent ('exclude') a perpetrator of domestic violence from entering particular premises. An exclusion order may be used to exclude a perpetrator from a shared residence, allowing the victim to remain safely in their home and not be forced to flee. Exclusion orders can be applied for regardless of the nature of the relationship which the domestic violence occurred in.

However a recent study looking at the use of exclusion orders in South East Sydney found that in practice a number of factors result in this option being under-utilised by heterosexual women. These include the lack of coordinated service responses to domestic violence; lack of knowledge about exclusion orders; lack of consistency by police prosecutors and magistrates in seeking and granting orders; and lack of emergency accommodation for perpetrators (Edwards 2004). This study found no cases in South East Sydney where victims of SSDV used exclusion orders. Magistrates appear reluctant to make exclusion orders except in extreme cases (Field and Carpenter 2003). Victims of SSDV would be likely to face the same problems as heterosexual women in seeking exclusion orders, or may find that magistrates are less likely to overrule private property rights in cases of SSDV. There are also cases where victims of domestic violence may prefer to leave the home, hoping for a 'fresh start' or be unable to remain due to fear of continuing violence (Edwards 2003).

Regardless of these difficulties, when considering housing options for SSDV survivors it should not be assumed that they should have to leave the home. This is a new focus in domestic violence responses and it would be useful to remain aware of any new developments strengthening ability of victims to remain in home, and implications of this for SSDV survivors (Chung et al 2000:14, Edwards 2004)

Women's refuges

Lesbian and bisexual women experiencing DV may access existing women's refuges. The women's refuge movement's access and equity policy includes lesbian women. However in practice, women experiencing SSDV may not always be able to access women's refuges or may not experience them as supportive. There are few refuges for single women without children in NSW. Whilst many lesbians may have children, others don't. These women, like other single women, may find accessing refuges difficult, as there is not enough capacity to meet demand. Research suggests that some lesbians perceive that women's refuges are only for women experiencing

domestic violence from men, so they don't even consider a refuge as an option (Renzetti 1989). Materials on refuges that make gender-specific assumptions (e.g. always refer to perpetrators as 'he') reinforce this perception. The peer support that is often a positive aspect of women's refuges may not be as relevant to lesbian women if conversations centre on heterosexual experience. Lesbian women may fear or experience homophobic harassment from other residents or staff. There are also safety issues for lesbians in women's refuges- whilst excluding all men may address safety issues for heterosexual women, abusive women may still be able to gain access to the refuge.

Generic SAAP services and other forms of crisis accommodation

A person experiencing homelessness as a result of SSDV would be eligible to access generic SAAP services such as homeless men's shelters. However many of these shelters would be unsafe for gay men and inappropriate for someone who has experienced SSDV. Other service users may have quite different needs and may be experiencing multiple issues including mental health and/or drug and alcohol issues, and may have extensive histories of homelessness. High levels of violence have been reported anecdotally in some services. These not be an appropriate or supportive environment for someone who is trying to leave or gain respite from violence. Some brokerage programs for homeless people may be more appropriate, such as systems of motel vouchers or hostel accommodation in individual rooms, however it can be difficult access these forms of accommodation. Also, like Department of Housing options (see below), brokerage accommodation in motels can be isolating and does not offer the additional support of SAAP services. The needs of people experiencing SSDV are more complex than requiring a roof over their head- they may need to re-establish themselves financially, require assistance with employment, and may be suffering emotionally from the trauma of domestic violence.

NSW Department of Housing

People experiencing domestic violence can seek assistance from the Department of Housing. Low-income earners on the wait list for public housing would wait years for assistance. Effectively, in order to be housed, people experiencing domestic violence would need to apply for other forms of assistance including:

- Emergency Temporary Accommodation (short term, usually only one night until a person can present at a Department of Housing office the next day for assessment, often a motel voucher),
- Priority Housing- priority access to public housing tenancy
- Priority Transfer if they are an existing Department of Housing tenant
- Rentstart, for assistance in private rental market, such as bond money.

Demonstrating an experience of domestic violence is one criterion for accessing these forms of assistance.

The Department of Housing policy definition of domestic violence recognises SSDV and the difficulties with providing evidence of this form of domestic violence. An issue with gaining access to priority housing under the domestic violence provisions is that SSDV continues to be unnamed and unrecognised, both within GLBT community and by service providers. People experiencing SSDV may not name/identify their experience as 'domestic violence' as the general perception is that domestic violence happens to heterosexual women. They may not disclose their experience of DV in their application for housing assistance or realise that the domestic violence provisions apply to them. Support workers also may not think to inform GLBT clients

of this provision. On the other hand, a knowledgeable, experienced support worker may be key to assisting a person to gain access. It is hoped that the ACON campaign will improve identification of SSDV amongst the GLBT community and service providers.

As with private rental, none of these options offer the emotional support from staff and residents, case management or linking to other services that a refuge or SAAP service would. The SSDV Interagency has received anecdotal accounts of gay men who have accessed Emergency Temporary Accommodation returning to an abusive partner because they found it depressing and isolating sitting in a motel room on their own.

Community Housing

People escaping SSDV could seek accommodation through the community housing sector. Generally they would need to be on a low-income. As with other forms of accommodation, there is no additional case management or emotional support. However as a medium to long-term housing option it may be appropriate for some people.

Informal Support

Given the lack of services available to people experiencing SSDV, for many the only options are informal support available through family, friends and acquaintances. Family and friends may help by having the person sleep on their floor, offering to stay with them in the home, or having the person move in with them.

However there are limitations of informal support including inappropriate responses, lack of capacity and knowledge to respond, stress on support people, and lack of space. With SSDV, given lack of community knowledge about the issue, it's likely that victims may face inappropriate responses such as minimising, blaming the victim or seeing SSDV as mutual fighting or a relationship issue (Island & Lettelier 1991). Furthermore, in SSDV, people may be estranged or lack support from family due to homophobia. They may also be reluctant to seek help because the family blames the relationship or 'being gay' as the 'problem'. Given the small size of GLBT communities, GLBT people in a relationship may share the same friends, so friends may not want to intervene for fear of 'taking sides'. It is hoped that awareness campaigns may improve responses of GLBT community to their friends experiencing SSDV as they develop increased understanding of the issue.

ACON and other HIV/AIDS services

Some support for SSDV survivors is available through ACON. The ACON Housing Project in some cases can offer accommodation in managed properties and/or advocacy with accessing Department of Housing and other services. Similarly, a HIV positive person experiencing SSDV could use accommodation services for HIV positive people. These services are likely to be gay-friendly, welcoming and appropriate although not specifically trained to support people experiencing domestic violence. A limitation of ACON Housing is that currently it is only funded to provide support for HIV positive people. Whilst recognising that HIV positive people have a continuing need for support and specific resources allocated for their needs, there may be a need to access additional funding so that this support can be extended to other vulnerable people in the GLBT community especially those experiencing violence.

Forum: 'Same Sex Domestic Violence, Homelessness and SAAP'

Aims of forum

On 20 May 2004 ACON hosted a one-day forum for SAAP-funded agencies and other relevant health, DV etc service providers. The aims of this forum were:

- To map existing or potential problems at the service interface and service 'gaps' for people experiencing/escaping SSDV attempting to access SAAP-funded services.
- To ascertain current responses to SSDV by SAAP-funded services and other housing, health and community services.
- To identify needed developments and strategies for moving forward in developing effective service responses to SSDV

Potential secondary benefits identified for the forum include:

- Promoting networking and potential long-term partnerships between SAAP-funded and other services around SSDV
- Raising awareness about SSDV, particularly as it relates to housing, amongst SAAP and other service providers. This may enable those services to respond with greater sensitivity and effectiveness to service users presenting with SSDV.

The forum had two elements- a research element and an educational/skill development component for service workers.

Planning

Planning for the forum began in February 2004. A timeline and structure for the day was created.

It was decided to include a panel of key representatives. These representatives' briefs for their presentations were identified as:

1. A representative from the women's refuge movement to talk about:
 - Links between domestic violence and homelessness
 - What women's refuges are and the model they have used to respond to DV
 - How women's refuges have responded to lesbian domestic violence
 - What role women's refuges may play in the future in supporting people who experience same-sex domestic violence
2. A GLBT service provider with some experience in accommodation issues. Twenty 10 youth service was identified as a service with a history of providing accommodation, or more recently, early intervention and support services to young GLBT people as well as significant experience in working with non-GLBT specific services. This speaker would look at:
 - GLBT homelessness and SAAP: barriers to accessing SAAP for GLBT people and how SAAP services can be more appropriate and safer for GLBT people
 - Twenty 10's experiences in building partnerships with generic services, including successes
3. A representative from ACON and the SSDV Working Group to talk about:
 - The ACON/SSDV Working Group community awareness campaign about SSDV

- Some of the housing issues for people experiencing/escaping SSDV (based on Working Group member's experiences working with SSDV clients, negotiating with agencies/government, and learning from overseas practitioners)
 - How the SSDV Working Group has tried to address the issue of accommodation in the past
4. A speaker from NCOSS to give an overview of supported accommodation sector including
- The SAAP program and its history
 - The aims of SAAP
 - How domestic violence fits in with SAAP and the role SAAP could play in addressing SSDV

The minister for DoCS was invited to open the forum but declined so it was opened by Alan Brotherton, director of client services at ACON.

A meeting was organised with the speakers. Speakers were provided with a brief outlining the aims of forum and giving guidelines as to presentation.

It was decided to use the opportunity at the forum to conduct a survey on the participants existing levels of knowledge and experience around SSDV, and their opinions on how responses to SSDV could be developed.

In planning the forum, we were aware that the audience would likely be diverse in terms of worker's prior experience and knowledge about same-sex domestic violence. We assumed that some participants may have no prior knowledge of SSDV, however considered their participation would still be useful as it would be a reflection of the current levels of knowledge around SSDV. After identifying that there may be gaps in participants' knowledge about SSDV, a decision was made to include a one-hour presentation on SSDV at the start of the forum. The aim of this presentation would be to give SAAP services some ideas about what SSDV is, why it is an important issue and the needs of people who have experienced SSDV. The presentation would include a brief outline of what SSDV is as well as principles for responding to SSDV, focusing on identification of SSDV, responding to disclosure, and referral. Pat Tierney from the Education Centre Against Violence, who conducts training on SSDV, was identified as an appropriate presenter for this session.

The remainder of the forum would be dedicated to a focus group discussion and small group activity using case studies.

The purpose of the focus group was to find out about participants' professional experience with people escaping/experiencing SSDV and their perceptions of the housing and support needs for people experiencing/escaping SSDV. Participants were also asked to identify key issues and potential challenges around SSDV service provision, and any resources or information that would assist them to support people experiencing SSDV.

The aim of the small group exercise was to promote identification of gaps in services in the way SSDV is currently responded to, and encourage problem solving and the development of recommendations around improving services for people experiencing SSDV. Case studies based on composite/de-identified clients of ACON housing were used to facilitate this process.

A flier and registration form was created and distributed amongst relevant agencies inviting their participation.

During the forum itself, staff from the research team recorded discussion using note taking. Flip charts were also used during the focus group and case study activity to document brainstorming and the small group responses to the material.

Recommendations were developed and documented throughout the day. A focus of the small group activity in particular was to develop recommendations that can be implemented in SAAP.

An evaluation of the forum was carried out using a survey that was e-mailed to participants after the forum. The results of the evaluation are documented below.

Participants

Two groups of target participants for this forum were identified-

- SAAP funded services: 'Mainstream' SAAP providers, Women's refuges, GLBT SAAP-funded services i.e. ACON, 2010,
- Non-SAAP services: DV services, other GLBT services including HIV/AIDS services and lesbian health.

A flier was distributed electronically through a number of networks of local GLBT, HIV/AIDS and domestic violence services. Information about the forum also sent to peak bodies including the Youth Accommodation Association (YAA) and the NSW Women's Refuge Resource Centre, as well as DoCS, with a request to distribute the information amongst their members. Key services were also contacted by telephone to follow up.

33 people registered to participate in the forum and 2 people indicated their interested but gave their apologies as they could not attend on the day. On the day, 30 people participated. The participants represented the following range of agencies, with some agencies having more than one participant:

ACON, NCOSS, Twenty 10, Education Centre Against Violence, Domestic and Family Violence Clearinghouse, The Gender Centre, Stanford House, Office of Community Housing, Shelter NSW, Immigrant Women's Speakout, Joan Harrison Support Service for Women, Delvena Women and Children's Refuge, Victims of Crime Bureau, NSW Women's Refuge Movement Lesbian Support Network, Gorman House, Youth Accommodation Association, St Vincent's Community Health, Dolores Women's Refuge, Sydney Sexual Health Centre, St Vincent's Hospital

Unfortunately one limitation of the forum was the lack of representatives from some of the larger non-government SAAP providers. This occurred despite these agencies being invited and in some cases followed-up with particular encouragement to attend.

Pre-forum survey

This survey was handed out to participants upon arrival at the forum. 15 responses were received.

For a full copy of the survey and detailed results refer to Appendix.

Participants that responded to the survey represented a variety of organisations including government and non-government agencies. Participants represented the

fields of victims' services, housing and supported accommodation, domestic violence, and health.

Most respondents identified same-sex domestic violence as a relevant issue to their work context, with 7 saying it was 'very relevant' and 7 identifying it as 'somewhat relevant'. 1 person said it was not very relevant.

The majority (N=14) of respondents believed that their agency was 'somewhat' or 'very' knowledgeable about domestic violence generally. Most participants indicated their organisation had at least some knowledge about same-sex domestic violence, with 3 indicating their organisation was 'very knowledgeable', 8 'somewhat knowledgeable'. However 4 participants indicated their agency was not very knowledgeable about SSDV.

Participants were mixed in their opinions as to whether their agencies were currently adequately resourced to respond to SSDV, with roughly half indicating they were and half indicating they were not. In some cases, those that were adequately resourced indicated that this was due to the nature of the organisation's work:

'we don't really need to be as we don't specifically have clients'

'in so far as we do policy and research rather than casework'

When asked what resources would assist participants to respond to same-sex domestic violence more effectively, they identified: training for staff, building networks with GLBT community services, being kept up to date with the latest research and information, changes to intake procedures for new clients, changes to tenancy law, and outreach to the GLBT community to ensure they are informed of available services. A significant number of participants also identified that there was a lack of appropriate services to refer people experiencing SSDV to:

'accommodation options for gay men to refer clients to'

'appropriate referrals'

'knowledge of refuges that cater for same-sex dv'

'clear referral paths to/from service'

Participants agreed that government has a responsibility to respond to same-sex domestic violence. Most identified the NSW Department of Housing (15), Commonwealth Department of Family and Community Services (FACS)(14), the Office of Community Housing (14), the NSW Department of Community Services (DoCS) (13) and the NSW Attorney General's Department (10) should be responding to SSDV. NSW Health, the Department of Fair Trading (Tenancy Section), and DIMIA were also identified as government departments that should be responding to SSDV.

When asked what measures would improve SAAP's response to gay, lesbian, bisexual and transgender people, there was strong support for the inclusion of sexuality indicators in the SAAP National Data Collection (NDCA) (14). Inclusion in the SAAP standards and SAAP quality assurance measures (12), greater inclusion in the Inner City homelessness strategy (13) and support to SAAP staff on GLBT issues (12) were also supported. Two additional strategies were nominated by participants, i.e. training for SAAP staff and more services, particularly refuges, for GLBT people escaping DV.

10 respondents worked for organisations which provided direct services to individuals, 5 of which were SAAP-funded. These agencies provided a range of services to individuals including counselling (8), outreach (5), accommodation (4), case management (4) and crisis intervention (4) as well as other services.

The target client group for these organisations was varied. Some specifically targeted gay and lesbian and/or transgender people, some were women's services and/or targeted people from NESB and others had broad criteria. 5 participants estimated that less than 10% of their organisation's clients were gay, lesbian, bisexual or transgender. One participant commented that:

'we have not had any [GLBT identified clients], which is a concern'.

2 participants estimated around 50% and 4 estimated over three quarters of their clients identified as GLBT, with 2 of these agencies stating that 90%+ of their client group would be GLBT.

Most of the participants who worked with individual clients had experience working with people who had experienced SSDV, although 2 said they had 'little experience' and 2 respondents had no experience with SSDV. One respondent stated:

'[it's] becoming more common for clients to verbalise issues re SSDV'

7 respondents represented policy/research or peak body organisations (note that 2 respondents worked for organisations that had both a policy/peak body role and a role of providing direct services). 2 of these had a role representing SAAP-funded services. All of the participants representing policy or peak body organisations nominated SSDV as an issue of importance to the organisation, with 4 saying it was 'highly important'. One of the participants commented:

'[organisation] probably needs to do more on this but the experts are probably elsewhere (i.e. ACON)'

Other issues raised in the pre-forum survey included the possibility of providing accommodation for perpetrators of SSDV so that victims don't have to move:

'it needs to be raised on the agenda- appropriate housing options. Not only for those experiencing SSDV, but, there needs to be somewhere to send perpetrators so victims aren't re-victimised by having to move'

Issues for people from Non English Speaking Backgrounds in same-sex relationships were raised:

'It is a big taboo in migrant/refugee communities, not talked about at all'

Forum Presentations

Introduction and Welcome: Alan Brotherton, Director Client Service, ACON

This account of Alan's presentation is based on his Powerpoint slides and the researcher's notes.

Thank you for taking the time from your busy schedules to attend this forum. I'm Alan Brotherton, Director of Client Services at ACON.

The aims of today's forum are to:

- Share experiences- we want to use your experience and expertise
- Identify the housing and support needs of people escaping same-sex domestic violence
- Identify issues, gaps, and barriers in service provision
- Identify service learning and support opportunities
- Find ways to move forward together

First, a bit about us. ACON is a health promotion organisation based in the gay, lesbian, bisexual and transgender communities with a central focus on HIV/AIDS. ACON started life as the AIDS Council of NSW. We broadened our agenda in 2000 to address the wider health needs of our communities, in part due to the recognition this was a better way to do HIV work at this point in the epidemic.

Our current mission statement- What we seek - Our Vision- is:

- A strong, healthy and resilient gay, lesbian, bisexual and transgender community
- The health needs of our communities to be effectively addressed through all life stages
- an end to the HIV/AIDS epidemic
- a society that respects the basic link between health and social justice

Our work at present is still largely focussed on HIV support and prevention, and covers six key areas:

- Health maintenance for people with HIV/AIDS
- HIV prevention, especially amongst gay men and men who have sex with men (MSM)
- Sexual health of our communities
- Mental health
- Alcohol and Other drugs
- Physical health and general well being

In this schema, domestic violence is a physical and mental health issue - although its impacts are often broader than that

The definition of same-sex domestic violence that ACON uses is:

'Relationship violence is when your partner or ex-partner uses any form of abusive behaviour to get and maintain control over you and as a result you feel afraid or intimidated by them. It is commonly known as domestic violence'

'Domestic violence is more than just an argument...Domestic violence is an abuse of power that can leave you physically hurt and/or feeling sad, depressed, despairing and/or fearful'

This definition was developed in consultation with the SSDV Working Group.

Of course SSDV is not a new topic nor one in which we at ACON lay any claim to being trailblazers. Awareness and discussion of SSDV has developed over many years in USA, Australia, NZ and other countries. Most of this discussion is drawn on observations from clinical practice.

In Australia, domestic violence in lesbian relationships has been addressed in the context of women's health, whilst amongst gay men, same-sex domestic violence was first documented in context of HIV by people like Anthony Schembri and Ann Grealis, whose work has been particularly significant.

Some agencies, and committed individual workers have been doing work in this area for a few years now. Some early steps in the development of service responses to SSDV have included:

- The SSDV Interagency
- A forum on lesbian domestic violence was held as part of the "Stir It Up" Lesbian Health speaker series
- SWSAHS gay men's DV service
- The Deli Women's centre has run groups for lesbians

However, a co-ordinated service response has been slow to develop.

Some barriers and challenges in the development of service responses to SSDV include:

- A lack of sexuality data in most data sets
- The context of historical development of domestic violence services within the women's health movement and the dominant perception that domestic violence is something perpetrated by a man on a woman.

This is also, unfortunately, an accurate perception - but it can obscure other dynamics of abuse. An analysis of gendered power imbalances is still important, but same-sex domestic violence also points to imbalances within gender, and points to the social and psychological aspects of power dynamics in relationships.

- Assumptions about the heteronormativity of domestic violence
- It's also fair to say the GLBT community has been ambivalent about accepting the presence of domestic violence - in part due to lack of language to name SSDV, and also due to a desire to "present well"
- Limited resources and lack of a policy framework to develop SSDV services

Whilst not promoting ourselves as a domestic violence service, ACON nonetheless has some experience of working with people experiencing or escaping situations of domestic violence.

Around 20% of ACON crisis accommodation clients are leaving a domestic violence situation. Enhanced Primary Care staff have dealt with a number of cases of SSDV. A Counselling file audit conducted by Evelyn Dwyer last year as part of her social work placement at ACON showed 11% of files recorded domestic violence

I can't present the whole study now but can show you some key figures.

Firstly there are some limitations of this data:

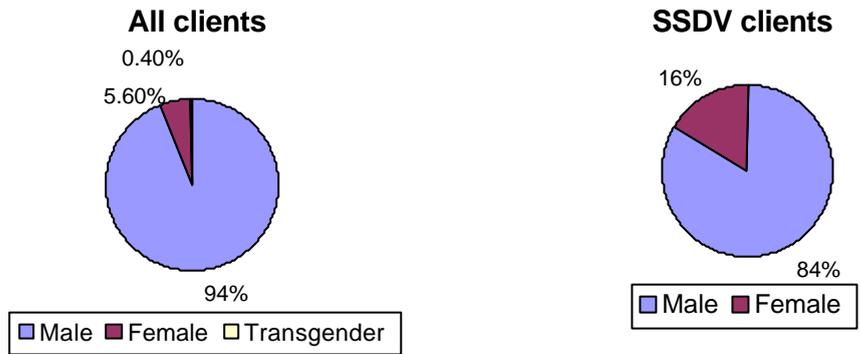
- It relies on file notes
- It only includes what the client thought necessary to disclose and the counsellor recorded
- It did not involve routine interviewing/screening
- It constitutes a service profile rather than active research
- The findings applicable to ACON clients only

For the purposes of the audit, 'Same-Sex Domestic Violence' referred to incidences of the following kinds of abuse reported by clients: physical, sexual, emotional, social, financial, harassment and stalking. Reports by a client that they fear their partner were also included. Abuse may have been reported to be carried out by one or both people. Abuse may have been reported to have occurred once or a number of times. The audit included clients who were currently experiencing SSDV as well as those who have experienced it in the past.

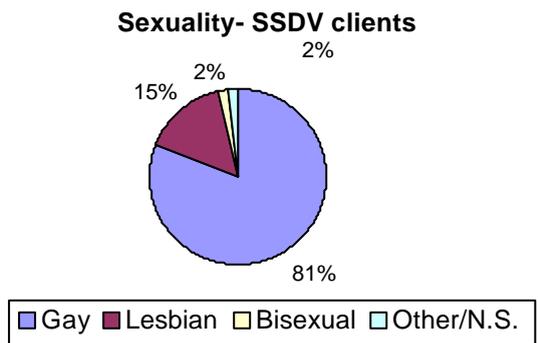
Using this definition, ACON Counselling had seen 54 cases of SSDV in the audit period. This constituted 11% of all counselling cases. Of these 54 cases, 46 involved clients seen individually, and there were 8 couples, a total of 62 clients. This represents an average of 2 cases per month. Since the SSDV community awareness campaign launch, this has gone up to 8 a month.

Here is some information on the demographics of those clients and the presenting issues.

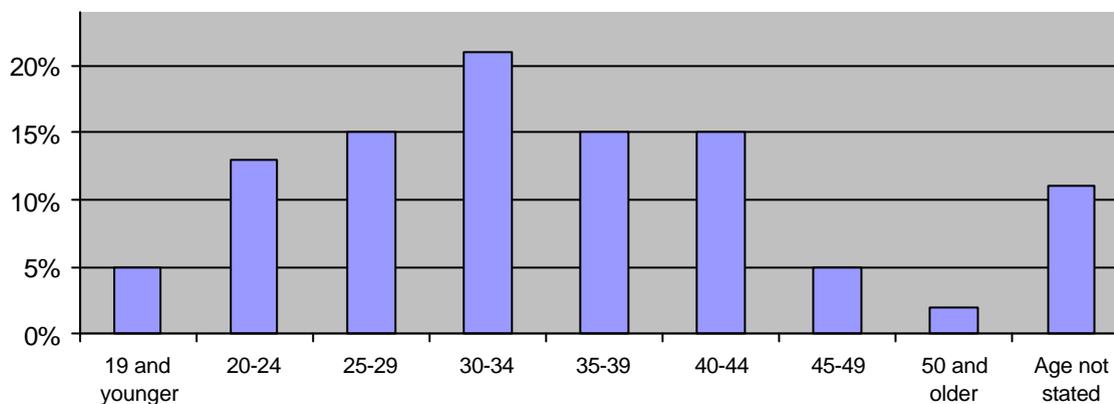
Gender



Sexuality



Age



Presenting Issues

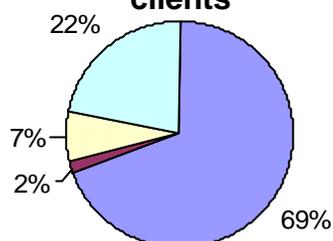
Presenting Issue	Definition	Number of cases where issue listed	Percentage of cases where issue listed
Domestic Violence	Current situations of physical, emotional and/or psychological domestic violence requiring specific professional intervention on the issue.	27	50%
Relationship Issues	Interpersonal relationship dynamics resulting in the need for specific intervention.	26	48%
Relationship Break-up	Relationship separation resulting in specific support intervention.	17	31%
Alcohol/ other Drugs	Drug and alcohol use/abuse requiring specific intervention.	9	17%
Mental Health	A diagnosed or diagnosable presentation requiring specific intervention.	8	15%
Social isolation	The inability to resolve personal issues resulting in the need for specific intervention.	6	11%
HIV-related	Risk of HIV infection or illness related to living with HIV/AIDS requiring specific intervention.	5	9%
Financial	Poverty, lack of access to financial resources requiring specific intervention.	5	9%
Self-esteem	Lack of personal regard related to the current cycle of domestic violence and requiring specific intervention.	5	9%
Other(s)	No information.	12	22%

When was the SSDV experienced?

Time SSDV experienced	Number of cases	Percentage of cases
Currently experiencing SSDV	35	65%
SSDV experienced in the past	19	35%
Total	54	100%

Dynamics of Abuse

Reported role in abuse- individual clients



Note that with the dynamics of abuse, it can be unclear and shifting. For example, one client approached us for support in relation to potential to perpetrate - 12 months later they were back with a broken back as a result of partner violence.

Forms of Abuse

Type of Abuse	Number of cases were that type of abuse was reported (as perpetrator or victim)	Percentage of cases where that type of abuse was reported
Physical	38	70%
Sexual	5	9%
Emotional including verbal	32	59%
Social	9	17%
Financial	9	17%
Harassment/Stalking	7	13%

Coping Strategies

Category	Number of Clients	Examples
Change in housing (temporary or permanent)	18	Moving, Kick partner out, Crisis accommodation, Friends house
Work, study, meaningful occupation	15	Studying, new job, creative project, 'escape' by focussing on work
Seek professional help (prior to ACON)	14	Couples/Relationship counselling, Individual counselling, Mainstream DV support
Maintaining/developing friendship/peer support network	11	Keep in touch with friends, reach out to make new friends
Self-Care	9	Exercise, massage, hot bath, cooking, enjoyable activities, relaxation, eating healthy
Ending relationship	9	Leaving partner
Using police/legal options	8	AVO, Police, Legal advice
Set boundaries	8	Restrict contact Realising 'I'm worth more than this' Ultimatums
Family of origin	7	Support from family members
Preparing for change	6	Seek help secretly, prepare to move
D&A-increase	6	Use of AOD to escape/cope, Prescribed medications eg anti-depressants

Give in/change behaviour	5	Complying with partners demands, 'Walking on eggshells'
D&A- reduce	5	Reduce/stop AOD use incl. Smoking Try encourage partner to reduce AOD

Note the significance of change in housing.

Police Involvement

	Number of cases	Percentage of cases
Police involved	13	24%
AVO taken out	6 (and one intending to)	11% (if 6)

The recent work of ACON regarding SSDV includes the community awareness campaign. We received a grant to conduct an awareness campaign from the Attorney Generals Department in 2002. In preparation for impact of campaign we developed a framework for a whole of organisation response, including the development of a service framework to back up campaign. The Framework draws on key action areas of NSW Health Policy and Partnerships Against Domestic Violence (PADV) Priority Areas.

PADV Priority Areas include:

- working with children and young people to break the cycle of violence between generations
- working with adults to break patterns of violence: working with victims and violent men
- working with the community, educating against violence
- protection through the law
- information and best practice
- helping people in rural and remote communities

Two areas, working with adults to break patterns of violence: working with victims and violent men and working with the community, educating against violence form the bulk of activity for ACON.

Note that we have reached no conclusion on whether to work with violent men or women - but we appreciate that breaking the cycle of violence means we have to look at what, if any, effective responses there might be to potential perpetrators
The NSW Health DV Policy Key Action Areas, much less wordy, include Detection, Prevention, Intervention and Access

ACON's role in these areas could include, for example, with Detection currently a screening tool for SSDV is being developed with the SSDV interagency. We're addressing Prevention through the community awareness campaign; we're also looking at developing relationship skills modules in our peer education projects.
So where are we up to at ACON?

- The community education campaign has been launched
- Intake, Counselling, and referral protocols have been developed
- SSDV Policy has been developed
- Key staff have been trained
- Advocacy, information, networks
- We are building prevention into our health promotion work
- We have been engaging with key services like the DV Line, SAAP

In regards to accommodation and support for people experiencing SSDV, our service data suggests unmet need. We are aware of people who have chosen to remain homeless, or go back to an abusive situation due to limited accommodation options. ACON has limited capacity to respond to this need currently. We can only assist those with HIV who qualify for Department of Housing priority housing.

The only options this leaves are Rentstart and refuges for women. There are many gaps in services. For example, a lack of services for men with multiple needs for whom Rentstart won't work. Rentstart is not always the best option. Although there is a myth that gay men are uniformly wealthy, gay men may need further support to establish independence. There may also be alcohol and other drug and mental health issues.

We received a FACS grant to carry out this research in 2003.

Current Challenges for SSDV service provision include:

- There are few funded services
- NDCA data sets don't record sexuality making it harder to measure demand
- Client resistance to accessing mainstream services- the concerns about mainstream services amongst GLBT people are well documented. GLBT people may need support to access these services.
- Unclear referral pathways
- We need to develop support models to address violence and break cycles of violence. We need to think about what kind of support models and where they can be accessed.
- The values of other clients regarding lesbians and transgender women: the experience of lesbians and transgender women in refuges have been that the staff are great, clients may be wary. There may be limited support in the service for the GLBT person to talk about their experience
- There are no services for men- Rentstart is not always a viable option if a man has multiple needs or low income.
- No support options and social isolation

Today is about helping us draw a more complete map of services, pathways, barriers and gaps - drawing on your experience and advice. And hopefully also to start some collaborations. We want to know what SAAP funded services need from the GLBT sector and ACON; and hope to gain support for ACON's advocacy work. Finally we hope to identify solutions and some ways to move forward. Thank you again for coming and I hope you have a productive day

What is Same Sex Domestic Violence? Presentation by Pat Tierney, Education Centre Against Violence

A one hour workshop looking at the dynamics and effects of SSDV and principles of responding for workers

I'll start by acknowledging that for many of you in the room I will be talking about information that you already know very well and spend much of you working and daily lives contending with.

We wanted to take some time to talk about what the experience of domestic violence in same sex relationships can include and flag some of the essential elements of our responses, drawn mainly from the practice experience of both local practitioners and workers from the US and Canada, and from the extensive practice experience developed in responding to domestic violence in opposite sex relationships. I want to particularly acknowledge the work of Ann Grealis, Anthony Schembri, Michelle Bonner and Priscilla Mccorrison

In thinking about what might be different or the same in the experience of domestic violence in gay and lesbian relationships what I can come up with that it is important to look at is:

- Control / Abuse of Power
- Homophobia
- Gender Sexual Identity And Ideas About Domestic Violence
- Mutual Abuse
- What These Might Mean for Our Responses

Control and abuse of power

The vast majority of people writing about their work in SSDV are clear that the behaviours that they are working with are generally a constellation of tactics that have the purpose of attempting to gain control of the partner and that very effectively do so. They are not out of control actions even though the people carrying them out might be speaking about and experiencing them that way. They are very purposeful behaviours which have very specific effects.

In opposite sex relationships the socially constructed imbalance of power and expectations of different gendered roles in relationships mean that men are most often, although not exclusively, are far better placed to exploit the existing power imbalance by engaging in controlling tactics against their female partners.

Historically feminist theories and action have made that abuse of the imbalance of power in opposite sex relationships visible.

Feminist theorizing has more recently progressed to include an examination of the intersections between gender, culture, race, socioeconomic status, sexuality and historical and political identity, so that our understanding of power relationships has become broader and more complex, and better able to reflect the experience of abuse of power across power relationships other than gender.

So although some people say that if there isn't a gendered imbalance of power in the relationship then the violence isn't about power abuse or attempts to gain power or control - this doesn't account for all of the other power differentials that exist in our lives.

Which brings us to Homophobia the context most important to the perpetration and experience of domestic violence in same sex relationships.

In the way that it is impossible to think about opposite sex domestic violence without looking at gender - it is impossible to look at same sex domestic violence without looking at homophobia. By homophobia I am meaning in all of its manifestations from individuals to social and institutional manifestations of homophobia both overt, covert and implicit. I am also using it as an all-encompassing term that is acting as a catchall for the ways in which the dominant culture renders any sexual identity other than heterosexual as invisible at best. - this probably more properly could be called heterosexism or heterocentrism - through to the homophobia which justifies hate crime and murder.

Like with racism as service providers I think it is dangerous for us to declare ourselves free of something that pervades every pore of the fabric of our society.

In the way that sexism provides fertile grounds for effective tactics of abuse in opposite sex relationships and restricts the options available to women being abused, homophobia provides much scope for effective tactics of abuse in same sex relationships and makes the options available to those being abused much narrower - effectively colluding with the abuser to hold the abused person in the relationship.

Tactics of control

Some of the tactics that are additionally effective in a climate of homophobia in same sex relationships include:

- Using isolation, restricting freedom
- Using psychological and emotional abuse
- Using children
- Using intimidation, control and threats
- Minimizing, denying and blaming
- Physical abuse
- Using social status and privilege
- Using economic abuse
- Sexual abuse
- HIV Related abuse

We know that these tactics are purposeful because they seldom occur in isolation - there are usually a range of tactics used together to greater effect, they will often escalate when there is resistance and they bear similarity to tactics of control used in other settings e.g. state run abuse of power.

Of course people who are controlling in same sex relationships also have access to many of the gamete of tactics available in opposite sex relationships.

Gender sexual identity, ideas about relationships and ideas about domestic violence

One of the other notions about DV in same sex relationships is that as both parties are of the same gender, then gender is not an issue.

Gender seems to be very important however in impacting on how people experience the abuse, make sense of the abuse and the options that they see as available. This is particularly so when we combine it with the powerful idea that DV is heterosexual violence carried out by men against women.

There are strong messages given to all of us regarding gender that we are interacting with in one way or another along a continuum from embracing to tolerating to resisting and rejecting. Regardless of our relationship to these ideas we can't discount their power especially when you overlay processes of forming a sexuality identity. Add to that ideas about same sex relationships and ideas about domestic violence and you can have ideas that are mutually excluding and which leaves individuals in an enormous quandary trying to make sense of their experience of abuse.

E.g. For a lesbian - there might be ideas that lesbian are caring, that lesbian relationships are non violent, and that domestic violence is a heterosexual phenomena and women don't use controlling tactics. What is she left with to make sense of the controlling abuse of her partner?

For a gay man - there might be ideas that men are in control, that gay relationships are equal and that domestic violence is a heterosexual phenomena and victims are weak.

Whilst these examples might be wildly stereotypical they underline the necessity to consider the impact of gender prescriptions, ideas about gay relationships and lesbian relationships, ideas about sexual identity, and ideas about domestic violence. For each individual who is experiencing domestic violence these are going to be different but important.

They are going to be influential in whether people consider their experience as abusive much less as domestic violence, how they judge themselves and their responses to the abuse, how much they hold themselves responsible for the abuse and search for what they are doing to cause the abuse (as they are encouraged to by the abuser) and whether they see talking about the abuse as a betrayal of the community or see that they have any options for safety.

This is without even beginning to consider how powerful each of these sets of ideas are in influencing the response or lack of response of service providers.

The idea of mutual abuse is I think one of the most powerful manifestations of the confusion that these intersections of ideas can create both for those experiencing domestic violence and for us as service providers. I don't have exclusive answers to these issues or that there are not relationships characterized by equal and mutual violence - but it is also useful to think about the ideas that might make it harder to identify who is being abused without the opposite sex indicator. We have to work harder, and in working harder we are probably advancing the thinking for all practice in domestic violence.

One of my current favourite borrowed statements is that domestic violence is a process not an event or even a series of events. It's a process of eroding agency in the person and a range of tactics are useful in doing this. So in thinking about unravelling whether it is mutual abuse we need to look beyond events to patterns of tactics in the knowledge that the intersections of ideas about gender, about domestic violence and about gay or lesbian relationships are also going to influence how those using abusive tactics and those being abused conceptualise and communicate their experience. (The fact that a gay man says he gives as good as he gets might tell us about his response to being abused rather than his behaviour as an abuser.) We need to be curious about the ways people conceptualise their behaviour and be open to other possibilities.

The person taking power often gets to define the situation and shift responsibility and therefore enlist the person being abused to identify themselves as the abuser or at least take responsibility for the abuse.

What does this mean for service providers

Anna Baum from Massachusetts spoke at the out of Limbo conference in the 90's in S A. She suggests it is important to keep in mind that domestic violence is a pattern not an event and not just about one form of abuse, that its common for people using abuse tactics to see themselves as victims, and for those being abused to take on responsibility and guilt. She suggests that the questions we should ask ourselves include: Who is intimidated here?, Who is anxious not to upset the other?, Who is continually changing their behaviour to accommodate the other or avoid a scene?, Does one person feel infiltrated in some way?, Does one person seem to feel entitled to certain behaviours or services from the other? Abuse is often subtle and hard to name.

Lori Girshick last year at a conference in Queensland echoes some of these thoughts and adds that abusers often blame outside circumstances for the abuse whilst abused people often blame themselves, abusers are often vague about incidents and those being abused remember the details, abusers will often alter behaviour to keep the partner in the relationship, the person being abused will alter their behaviour to avoid the partners reaction, The abused person's things tend to get broken, thrown away, destroyed, they are most directly affected by the abuse. These may or may not be helpful ideas they are certainly not a formulae - they all involve being very curious and listening carefully to what is being said and not said.

Important Responses

If the tactics of domestic violence are designed to erode the persons sense of agency and self, to take away power and confidence to act, to shift responsibility and guilt to the person being abused and to confuse the person so that they are never sure what to expect next or how to make sense of the abuse, and if homophobia and ideas about gender and relationships provide additional and strengthened tactics for abuse in same sex relationships, then that gives us a perfect blue print for responding.

We want every part of our response to be counter to the tactics of abuse and the oppressive ideas that allow the abuse to prosper. Both in what we say and do and the way we do and say it.

So the first thing we need to do as stated by just about everyone writing about practice is to examine our own oppressive beliefs, and to examine how homophobia, heterocentric, and or sexist beliefs along with racism and other oppressions can be expressed in our organizations policies, literature and our individual practices by omission or commission. (whether we are a GLBT, DV or mainstream organization) Secondly we need to have made connections and established supportive referral networks that will be useful for those experiencing abuse in same sex relationships. Thirdly we need to consider the possibility of domestic violence and look for indicators, as people very probably won't present describing their experience as domestic violence.

Beyond this our role may determine the range of responses we provide
These could include (almost in random order):

- We need to listen carefully to what is being said and not said
- Take the abuse very seriously, ask about the range of abuses including sexual abuse, validate the seriousness of forms of abuse including emotional abuse.
- Don't assume the power dynamics are mutual just because they are complex
- Counter self blame
- We might need to introduce the idea that what they are experiencing is domestic violence - without imposing the notion - ask questions about whether they have considered this - the SSDV Community Education Campaign has done much to allow the possibility to be considered.
- Introduce a picture which places their symptoms of distress in the bigger picture of living with abuse, a normal response to living with trauma, not an indication that they are going mad, or are inadequate.
- Safety is a priority including safety of children. We need to explore how they are currently working to keep themselves safe and offer possible for consideration as additions to that safety process, including using legal responses
- Know that domestic violence is a process not an event and not expect gaining safety to be an easily achieved event (Why don't you just leave?) - it is also a process
- Invite people to consider drawing a line beyond which they will not tolerate the escalating abuse
- Act to reduce the isolation imposed - remake connections
- Talk about respectful relationships, what they would want from a relationship
- The person may want a gay or lesbian service provider or they may not. They may want to speak to someone of the same gender or they may not.
- Be clear about confidentiality and our limits to confidentiality.

SSDV Interagency and ACON's SSDV Community Awareness Campaign
Brad Gray, Education Manager, ACON and member of the Same Sex Domestic Violence Interagency Working Group

Today I'll be talking about the SSDV Working Group and Interagency, and the development of the SSDV community awareness campaign and its impact.

SSDV Interagency + Working Group

In early 2001 St Vincent's Community Health Centre experienced an increase in clients seeking services for SSDV (and HIV). In April they convened a forum of more than 40 organisations. This forum decided to form an Interagency, chaired by Anthony Schembri from the Gay and Lesbian Rights Lobby (GLRL). Then the Interagency formed a Working Group.

The Working Group comprised of representatives from: Social Work at St Vincent's Darlinghurst and Waverley, ACON and ACON Counselling; The Lesbian and Gay Anti-Violence Project (AVP); Gay and Lesbian Counselling Service (GLCS); GLRL; Twenty-10; South East Sydney Area Health Service Women's Health Unit; NSW Attorney General's Department; NSW Police; Social Workers in AIDS (SWAIDS); Inner City Legal Centre; Mission Australia Victims of Crime and South Sydney City Council.

The role of the Working Group is to advise on the development, implementation and evaluation of an action plan that addresses SSDV issues identified by the Interagency. Some of its functions are to:

- Review how data is collected
- Collect and distribute readings
- Identify and apply for sources of funding
- Make recommendations regarding allocation of resources to various strategies
- Advocate for policy development

Some of the achievements of the SSDV Working Group include:

- Regular Interagency Meetings with guest speakers (including Janice Ristock)
- The ongoing relationships of the Interagency/Working Group members
- Development of a web site on SSDV (a sub domain of ACON - <http://ssdv.acon.org.au>)
- Development of a workers Resource Manual
- Input to Department of Housing Policy regarding provision of emergency accommodation for people leaving SSDV
- Input into the training package developed by the Education Centre Against Violence (ECAV)
- Publication of two articles in Australian Association of Social Workers NSW Newsletter and articles in Australasian Society of HIV Medicine (ASHM) Newsletters and the gay and lesbian press
- Funding, development and implementation of the SSDV Community Awareness Campaign

Accommodation Issues

There are a range of accommodation issues facing people wanting to escape SSDV. These include:

- The inappropriateness of some current services
- Total absence of specific services for SSDV
- Homophobia and discrimination within services

These issues can lead to someone staying in or returning to a violent relationship.

Accommodation issues remained a standing item on the SSDV Interagency and Working Group agendas for some time. We aimed to:

- Encourage the Department of Housing to see SSDV as a criteria for emergency housing
- Encourage a range of HIV accommodation services to accept clients who were experiencing SSDV
- Seek properties that could specifically accommodate gay men and lesbians escaping DV

The SSDV Community Awareness Campaign

The Community Awareness Campaign or CAC was developed by ACON's Education Unit with the SSDV Working Group acting as an Advisory Group, with funding through the NSW Attorney General's Department, Crime Prevention Division

The rationale for the campaign was:

- Existing domestic violence resources don't reflect the experience of the gay and lesbian communities
- SS DV is sufficiently different from heterosexual DV to require specific education resources
- The community's understanding and knowledge of DV is poor and there's is no community language to talk about it
- All the agencies involved in the Working Group are seeing SSDV and similar issues keep emerging
- ACON is uniquely placed within the gay and lesbian community to be developing such a campaign

The aim of the CAC is:

'to raise the awareness within the gay, lesbian and bisexual communities of same sex domestic violence and provide a range of relevant referral information'

The objectives of the CAC are:

- To increase awareness of and knowledge about DV as a gay, lesbian and bisexual issue
- To increase awareness of, and referral to, domestic violence services
- To identify agencies capable of providing services to individuals in DV relationships and to build and maintain relationships with allied service providers

The primary campaign messages of the CAC are:

- That domestic violence happens in gay and lesbian relationships and is an issue for the community
- Definitions of domestic violence
- That appropriate services exist and how to access them

The secondary campaign messages include a positive relationships message, and detailed information for people in DV situations

Campaign achievements began even before the campaign launch. These included:

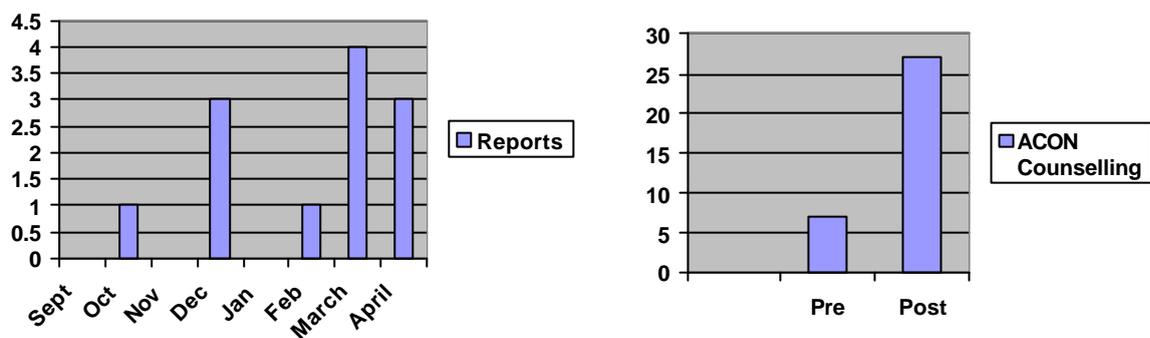
- Background work with the DV Line and LawAccess Line
- Briefings with Victims of Crime Interagency, Safe Cities Meeting, Sydney Sexual Health Centre, Violence Against Women Specialists

- Initial contact with hundreds of Domestic Violence and Gay and Lesbian organisations
- Including SSDV on ACON's Business Plan

In the three months since the campaign launch, there have been a number of other achievements:

- Media coverage in Sydney Star Observer, SX, LOTL, ACON's Gay Men's Relationship Magazine and the Big Issue
- Stories in the DV Clearinghouse Newsletter
- An E-News mailing list of over 250 services state-wide
- Fair Day Launch with the mini positive relationships campaign
- Regional launches or events in all our branch areas
- The Roundtable attended by 60 service providers
- Mail out to 700 organisations statewide
- Resources orders exceeding the pamphlet print run and the booklet order
- There has also been an increase in the number of people presenting at ACON who have experienced SSDV, as you can see in the following charts:

AVP Report-Line calls and ACON Counsellor Presentations



ACON has taken on a leading role in working with SSDV. Many other organisations have accepted that it is an issue and committed to work with it. We will have a visible campaign for at least the next nine months and better statistics collection. More services will be called upon to review the services they provide. The Working Group is moving on to develop other strategies to further achieve our aims. The community will (hopefully) begin to talk more about SSDV and to call for services. Individuals will seek help for themselves and their friends. There is a momentum behind developing and sustaining work in this area, across a range of services, that hasn't existed before. This is some of the positive feedback we have received about the campaign.

"Subversive use of fluffy gay colours with the black heart. Doesn't go with the classic black and white picture of a beaten up person..."

"Hearts legitimise gay love and gives it a community feel."

"...the message expressed without the 'grim reaper', in your face public service announcement we've come to expect."

"Immediately applies to me because I'm gay. Didn't realise that abuse had such a broad description."

A quick tour of SAAP – what is it, what is its history, how does it relate to domestic violence (DV) and how could it relate to same sex domestic violence (SSDV)- Presentation by Michelle Burrell, NCOSS

The Supported Accommodation Assistance Program (SAAP) is a joint Commonwealth/State funded program that aims to *“provide a nationally coordinated policy approach to address the social phenomenon of homelessness, and to provide support and services to homeless people”*.ⁱ

Since 1985, and operating in a series of five year agreements, SAAP has grown to provide funding to 1200 projects across Australia. 394 of these are in NSW. Clients of SAAP services include young people, single people, women and children escaping domestic violence and families.

SAAP is generally regarded as an effective program that has developed from a series of crisis housing options to a better integrated model or series of models based on the principle of a continuum of support.

SAAP: A Brief History

To understand SAAP we need to know a little history about the development of homelessness services in Australia.... Prior to SAAP a few services such as night shelters, the occasional women’s refuge, soup kitchens etc operated. They were funded on an ad- hoc basis through a range of human services departments at both commonwealth and state levels such as Health and the then Dept of Youth and Community Services.

In 1983 a review of services for homeless people recommended the various programs be integrated into a single cost-shared initiative administered by the States/Territories.

SAAP I (1985 – 1990) was the first national program designed to assist people who are homeless and women and children escaping domestic violence. Within this broad framework the first version of SAAP described three sub-programs:

- general services,
- youth services,
- women's emergency services.

This reflects a carrying over of previous service models which tended to be residential, often centred around large hostels or refuge and shelter accommodation.

By the end of SAAP I – and under **SAAP II** (1990-1995) the focus began to shift towards broader target groups, along with a change in emphasis from crisis support to providing assistance to clients to help their transition to independence. Key bilateral links were also made , for example Crisis Accommodation Program (CAP) which is the source of capital funds for crisis accommodation.

SAAP III (1995-2000) included a re-working of the legislation (**The SAAP Act 1994**) to provide a definition of homelessness which included circumstances where a

person's housing is not adequate, safe, secure or affordable.. This should provide the scope of developing prevention and early intervention models.

The primary aim under the act is *“to provide transitional supported accommodation and related support services to help people who are homeless or at imminent risk of homelessness to achieve the maximum possible degree of self-reliance and independence, with the goals being to:*

- *resolve the crisis*
- *re-establish family links where appropriate*
- *re-establish a capacity to live independently of SAAP”*

SAAP III did not include growth money but include some 17.4 million over four years for “reform initiatives” these included the development and implementation of a national data collection and an associated research program. The other key reform was the implementation of case management. SAAP III also established the Commonwealth Advisory Committee on Homelessness (CACH).

By the time we get to **SAAP IV** (2000- 2005) – the program is looking quite different from 1985 – and looks pretty much as it does today (as we approach the end of the agreement, which ends on 30 June 2005).

All of which is tied up through a range of documents, laws and policies. These are:

- The SAAP 1994 Act which gives a legislative basis to the program.³
- The Memorandum of Understanding, endorsed by all states, territory and the Commonwealth⁴
- The SAAP IV National Strategic Plan outcomes and outputs
- The SAAP IV accountability and evaluation frameworks
- The NSW SAAP standards

The key **strategic themes** or priority areas of the SAAP IV MOU (2002-2005) are:

- Client focused service delivery
- Integration and collaboration between SAAP and other service systems
- Increasing performance, knowledge and skills; and
- Working together.

The SAAP IV National Strategic Priorities document states that SAAP *“will frame service delivery around a continuum of care approach, principles of access and*

³ For a copy of the Act go to <http://scaletext.law.gov.au/html/comact/8/4450/top.htm>

⁴ For a copy of the Memorandum and the National Strategic plan go to http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/house-saap_nat_strat_00_05.htm

equality and a commitment to protect clients rights and dignity". The same document identifies the **national outcomes** as being to:

- Contribute to the reduction of homelessness
- Promote self reliance, choice and independence
- Crisis responses that respond effectively to changing patterns of need
- Increase partnerships with other systems to meet needs.

So that's the background – what does this all mean in practice?

The defining features of SAAP as a program and as a service delivery model are:

- The nexus between accommodation and support
- A range of models (refuges, shelters, transitional housing, brokerage)
- A mix of providers
- Tied funding
- The historic basis of tackling domestic violence through accommodation and support
- Comprehensive data collection – but note shortcomings
- Associated research program - SAAP remains somewhat unique in the world in that it provides for a nationally co-ordinated approach to homelessness as well as a direct service delivery function.

Facts and Figures

In 2002.03 NSW SAAP services provided 47,900 support periods to 25,450 clients.

The main reasons for seeking assistance in 2002.03 were:

Domestic violence	17.5%
Financial difficulty	11.2%
Relationship/family breakdown	11.1%
Usual accommodation unavailable	10.1%
Eviction	9.8%
Substance issues	8.8%

DV as the main reason for seeking assistance can be broken down into the following age and gender groups:

Male alone under 25	Male alone 25+	Female alone under 25	Female alone 25+	Couple no children	Couple with children	Male with children	Female with children
1.3%	0.6%	9.5%	38.6%	1.6%	4.7%	2.9%	50.9%

This shows the clear gender basis of DV in SAAP, but tells us nothing about the incidence of SSDV.

Challenges in SAAP

- Systems failures in other parts of our human services framework have significant impacts upon SAAP services.
- Diminishing public housing stock and the associated silting up of SAAP services as potential exit points into social housing continue to disappear. This significantly impacts upon the capacity of SAAP services to assist people in re-establishing a capacity to live independently.
- Health systems failure, particularly for people with mental health disability, drug and alcohol dependency, dual diagnosis and for adult survivors of child sexual assault
- Child protection and out of home care systems failures that are leaving under 16 year olds in SAAP services
- Systems failures in the criminal justice system and juvenile justice systems regarding post release support creating additional demand for SAAP services
- Impacts of Department of Immigration and Indigenous Affairs (DIMIA) policies on service provision in SAAP, both in terms of people without access to any income and future requirements to pay for interpreter services.
- Multiple systems failures, across various government departments and agencies in regional, rural and remote areas.
- Centrelink practices, in particular breaching, can contribute to make young people homeless or do not provide adequate income for young people in refuges, thus shifting all the costs onto SAAP refuges
- In relation to DV, the lack of use of exclusion orders, even when they exist in legislation, means women and children become homeless rather than perpetrators.

Currently systemic factors, including government policy are working at cross purposes to the desired outcomes for SAAP. This has resulted in significant problems at the service delivery level – not least of which is the denial of access to some people who are homeless as described in the recent Report from the Ombudsman.

How might Same Sex Domestic Violence be tackled by SAAP?

Homelessness, including homelessness caused by domestic violence is a responsibility of the whole community and all tiers of government. As a signatory to the International Covenant on Economic, Social and Cultural Rights, the Australian Government has agreed to take steps in accordance with its available resources to achieve the full realisation of economic and social rights, including the right to an adequate standard of housing.⁵

As we all know an adequate standard of housing includes freedom from violence.

There is no reason why SSDV can't be tackled through SAAP. Under the SAAP IV National Strategic Priorities we are supposed to be framing service delivery around principles of access and equity. We are also supposed to be developing crisis responses that "respond effectively to changing patterns of need".

In my view there is no clear public acknowledgement within government (or probably even in the non government sector) that SSDV exists, or exists at such a level that a service response is needed. In short, there is no "evidence base". But nor is there an effort to gather that information in a comprehensive way , for example, there is no data collection of GLBT in SAAP collection.

This is not to say that individual SAAP services, or even sub sectors of SAAP such as women's refuges and youth services are not doing good work in delivering SAAP services to GLBT people. But rather that a programmatic approach, with associated resources is yet to be developed.

The challenges in providing effective SAAP services seems to have a number of layers:

- A full suite of support options needs to be available to people – the nexus between accommodation and support that defines SAAP must not be sacrificed but some re-thinking about how that looks for people surviving SSDV needs to be undertaken
- This is largely a resource issue and so goes back to the issues of the evidence base but also relates to the need for staff training and awareness on the issues. It also a matter of political will and the positing of freedom from violence as a right that extends to all people, regardless of whether their relationship is heterosexual or same sex.
- A much clearer mapping of roles, needs and gaps in the current service systems is required, particularly as regards the relationships between community support services for people surviving SSDV and SAAP services;

⁵ *International Covenant on Economic, Social and Cultural Rights* (1966) article 11

- A more coordinated application of resources across human services systems is required to deal with some of the existing systemic roadblocks, to free up thinking space within SAAP. At the moment the services on the ground are tied up in solving problems associated with poor government and systems failure (ie mental health, drug and alcohol services). This provides an excuse for not tackling the discrimination and human rights issues about access and quality of service delivery for people surviving SSDV.

The research being undertaken by ACON and the work of this seminar today is a very useful first step in the process of evidencing SSDV and building relationships between the SAAP sector and GLBT organisations. NCOSS looks forward to working with the SAAP peaks and the GLBT sector to consolidate those relationships.

Lesbian Domestic Violence: Iren Baldinger, NSW Women's Refuge Movement Lesbian Support Network

This presentation was prepared by Iren Baldinger and Sue Bell from the NSW Women's Refuge Movement Lesbian Support Network, and presented by Iren Baldinger.

Links between DV and homelessness

Homeless people form one of the most powerless and marginalised groups in society. Violence against women is a major issue in women's homelessness. It is both a cause of homelessness and frequently a consequence of it. Women and children become homeless when they are escaping domestic violence. Homelessness is a complex phenomenon and women, as a major disadvantaged group are vulnerable as a consequence of their relative powerlessness and other socio-biological factors.

What are Women's Refuges?

Refuges eventuated out of the Women's Movement in the early 70ties.

Elsie refuge in Glebe was the first refuge in NSW; it was established in 1974, and other refuges soon followed. Today, we have 55 refuges that belong to the NSW Women's Refuge Movement. The Movement is the state-wide representative body of refuges, with a specific focus on the support and advocacy of women and children escaping domestic violence. We also provide a broad range of other services including outreach, court support, assistance with housing and legal matters, information, training and referral. The Women's Refuge Movement promotes decision making processes that involve diverse groups in the community. This includes promoting the involvement of Aboriginal Women, Women from a culturally and linguistically diverse background and Lesbians in staffing and management.

We also support the development of policies which ensure appropriate and sensitive support and responses to domestic violence.

Model refuges use to respond to violence

Refuges are managed by women for women and children. We all operate within a feminist framework and our responses are aimed to empower women and children and maximise their independence. We provide services in a way that respects their dignity as individuals, enhances their self-esteem, is sensitive to their social and economic circumstances, and respects their cultural backgrounds and beliefs. We support women around their decision making for them to achieve independent living.

It is important to understand that domestic violence is a violation of human rights. It is a crime against the individual and against society. Domestic violence is a problem for the whole of society and not just an individual or private problem. We believe a comprehensive response to domestic violence is needed and we advocate strongly for government and community to join our fight against domestic violence.

We can not work in isolation, and part of our aim is to work in collaboration with many other community organisations, and government departments, for women to be able to achieve the best possible outcome.

How do we respond to Lesbian Domestic Violence

The NSW Women's Refuge Movement recognises that Lesbians and their children experience particular difficulties and barriers when trying to access services. As with many heterosexual survivors of domestic violence shame and self-blame may make it very difficult to disclose that domestic violence is

happening. For a woman in a Lesbian relationship who is experiencing domestic violence, a fear of discrimination if the nature of her relationship were to be revealed may prevent her from talking about the violence within the relationship. As workers we acknowledge Lesbian relationships and the experiences of Lesbians, we ensure that staff and service provision is not homophobic and that Lesbians feel safe when using refuges. The Movement has formed a Lesbian support group as a support network to ensure issues relating to Lesbians and their children remain on the agenda. As a Movement we made a commitment to:

- Provide training to all staff on the issues involved in assisting survivors of Lesbian domestic violence
- Promote the employment of Lesbians in Women's Refuges
- Ensure policies and procedures are not based on the assumption of heterosexuality

Some women chose to identify as Lesbians when they come to a refuge, but mostly they do not. It is important for us to have posters and brochures relating to Lesbian domestic violence displayed at the refuge, and that workers have an understanding of Lesbian domestic violence. The least we can do is to create a safe space for Lesbians experiencing domestic violence and to support their choices.

What role do refuges play in the future?

As a Movement we believe that we have the knowledge and structure to support Lesbians escaping domestic violence. We feel the need for more and better community education around Lesbian domestic violence and it is our aim to make refuges and our services more visible to the Lesbian community. On a broader level we believe that we need to establish more and better connections with other organisations. These could include:

- The Gay and Lesbian Liaison officers within the NSW Police service
- The Gay and Lesbian Counselling service

We have our State conference next week and some of these issues will be discussed there. One of our biggest aims is to get all refuges up to the same standards of service provision around Lesbian domestic violence.

As a movement we made a commitment to take a more active role to inform the Lesbian community about the services we can offer, and work with mainstream organisations to make services more accessible for Lesbians.

Violence, Housing and GLBT- Presentation by Sally Abrahams, Executive Officer, Twenty 10

This transcript of Sally's presentation is based on notes taken by the organisers and is not an exact record.

I'm excited to be here. I've had the opportunity to observe over 30 years of working on GLBT and homeless. There are barriers to accessing services for violence and housing.

I'm going to talk about what Twenty 10 does regarding the intersections of violence, housing and GLBT. Our history is a bit different to the history of queer organisations and the history of SAAP.

Twenty 10's beginning was like the beginning on the women's domestic violence movement in some ways. It began from within the community, not from health workers and welfare workers. Twenty 10 was set up by activists. Whilst women's services were set up by feminists, Twenty 10 was set up by men, men who had a political analysis of power, discrimination and violence.

What happened was, there was a government survey of sex workers. However this survey didn't include any of the young men and boys working at the Wall. At that point, 'sex workers' included only women. [So Twenty 10 was set up for them, something for those young men] We can draw a parallel in the development of responses for women's domestic violence services and Twenty 10- they were based on a political understanding of power.

SAAP responses to these issues are important. SAAP addresses it as a social phenomena. This is very important for violence. It means violence is not an individual problem, it's a community issue. Twenty 10 has always been aware of that.

What's different about Twenty 10 [compared to other services] is that Twenty 10 is about young people, and Twenty 10 is a multi-gender service. We're not just about 'gay and lesbian'. Young people say these terms are no longer appropriate.

[We know that queer young people are more likely to be homeless]. The report 'As long as I've got my doona' says that a quarter of homeless youth are young queer kids. The interim findings from a recent study from La Trobe university are saying that young queer people are 6 times more likely to be homeless than their peers. If you're young and different, you're more likely to be homeless.

Twenty 10 pre-dates institutional responses to this issue. When we started there was no GLBT or women's service sector. We have needed to work with mainstream providers. We've developed good habits around this.

What brings young people to Twenty 10? The majority have experienced family-based violence. Many have experienced extremely violent domestic violence, child abuse and neglect. Occasionally they come because of normative assumptions about heterosexuality, they will be rejected if they come out. Poverty is another reason. If you are young and poor, you're likely to be homeless. They come looking for community and belonging. Twenty 10 exists because there were and still are huge barriers for young people coming into mainstream services.

Like the Gender Centre, we're a very small organisation. We're not huge. We exist because of barriers to access.

75-80% of the young people at Twenty 10 are boys or young men. Feminists have been interested in protecting the rights of women. It seems as though there are no places for these young men to go, no options. With young men, you wish they wouldn't turn older. The youth sectors response around sexuality is fairly accepting, but it's lousy in adult services, especially if there is violence. Youth services are multi-gender- in adult service, there is a divide.

How has Twenty 10 been successful? We have moved beyond the SAAP standards and are moving to look at problems of violence. We have the Reconnect program which looks at reconciliation, early intervention and capacity building- 'The Federal Government's answer' to youth homelessness. It's working with families. Twenty 10 got funding under this program 5 years ago. Twenty 10 moved from a SAAP/refuge/housing service to an intervention, capacity building focus. For example, we went to Wagga recently. There was a community forum, and a special session for high school teachers.

In the domestic violence SAAP sector, we need to think beyond the provision of emergency housing. We all hate refuges- we want places for the violent people to go! We want them to go somewhere else. A different response is needed. So when we're looking at SSDV, let's avoid some of those problems. Twenty 10 stopped being a refuge. We thought, it's not the best way to address the problem, the problem can't just be solved by bricks and mortar.

Twenty 10 has been active with interagency work, we're now known throughout NSW because of our training, our conference papers, workshops and presentations.

With SAAP funded services, adult SAAP services could take on more of this kind of work. Less of the silo effect. We can look at co-case management, partnerships, outreach is part of it. A service can't be all things to all people, but needs to know how to work with others [services].

In the youth sector, we're looking at creative ways to work better. Not all young straight men are homophobic- things are changing.

Another thing Twenty 10 does well is working with emergency services. We're often involved in crisis response. We were in Glebe for 20 years. In Glebe, the police response to violence was pretty good- respectful, not dismissive, not inflaming the situation. We had the same good relationship with Glebe mental health. I think the relationship between the young people and the police was better than in adult SAAP services. We do more work with the Gay and Lesbian Police Liaison Officers than Domestic Violence Liaison Officers. We can work in more effective ways. At Twenty 10 we work well with the police. We invite them in non-crisis situations. Police now have training about same-sex couples, and this has had an effect.

Youth services have become much safer and appropriate for queer young people over the last 20 years. How can this be the case, when we're still struggling so much with the larger and religious adult services in the inner city of Sydney?

The most important thing working with young people has taught me is the link between childhood and adulthood. Not in a deterministic way- it's about viewing patterns. Young people are resistant, they're not victims. At Twenty 10 we aim to build the resilience of young people. We let them know that violence is never acceptable. We work to change the stories that they tell.

Panel presentations- Feedback and discussion

Following the presentations by the panel speakers there was an opportunity for participants in the audience to make comments. Some of the points raised:

The activism of one or a few people in the past had resulted in services being established.

One participant felt that 'SAAP is not a priority for DoCS anymore' thus it would be difficult to get any action or funding around SSDV. It is uncertain what the impact of the establishment of a 'Division for Communities' within DoCS will have on this.

SSDV needs to get into the planning process for SAAP V, to have access to planning and include new models in SAAP V.

There is an additional layer of issues and intersections for indigenous and migrant people experiencing SSDV. Lesbian women are hidden in migrant and refugee women's services. One participant had asked service providers if how many migrant lesbian women they see and they said none. Homosexuality is deeply hidden in some communities.

The interaction of culture, language and sexuality is complex. ACON sees a number of HIV positive clients who hold Temporary Protection Visas. One ACON worker commented that when people from NESB engage with ACON, they don't want to use an interpreter and they want to speak in English, particularly if the discussion is around HIV or sexuality. This is partially because some clients have experienced discrimination from translators so refuse to use them in the future. It may also be due to having various 'domains of language' so that sexuality is something that is talked about in a person's second language. Some people may not have a language to talk about sexuality/HIV in their first language.

Twenty-10 has built partnerships with multicultural communities and is developing a training package on responding to young people in a cross-culturally appropriate way. Most of Twenty-10's family reconciliation work (50-60%) is with first-generation Australians. Most of their reconciliation successes also occur in CALD families, because family and community are valued in these families, and the family also has an understanding of discrimination- they are strong and resilient communities. Twenty 10 communicates with CALD workers, has a learning exchange around sexuality and culture.

One participant was interested in how SAAP workers could get training and who would pay for this. ECAV and the Gender Centre both do a lot of training, however ECAV does not provide training through SAAP and their ability to provide enough training is limited. SSDV should be included as part of SAAP training as this would give the issue legitimacy.

Problems with tenancy law and domestic violence affect SSDV. At the moment a co-tenant who's experienced domestic violence can't claim tenancy. In 1999 there was a member's bill trying to address this issue but it was not supported.

A comment was made that a response to the issue of gay men facing violence in homeless men's services that 'no-one feels safe there anyway- straight or gay'. There was agreement amongst several participants that 'this is not good enough'- that violence in SAAP services needs to be addressed for all service users, and should not be accepted.

Focus Groups

This section highlights the key issues raised by forum participants during the focus group session. Focus group discussion centred on the five key categories below. For a full list of discussion prompts, refer to Appendix [No].

1. Service providers' experiences with clients who have experienced SSDV

It is difficult to refer gay and lesbian people to services because there may be problems with homophobia (of clients or staff) at that service. Workers know not to refer to some services where homophobia has been identified. This includes accommodation services and other services e.g. drug and alcohol rehabilitation

Clients also will refuse to accept referrals to some services due to their perceptions that they will experience homophobia there. For example, gay men experiencing domestic violence won't go to the men's hostels because they perceive that they will be discriminated against. In these cases there are little other options therefore they go back to the domestic violence.

It is reported that lesbian women also find it difficult to take up referrals to women's refuges. However one worker commented that this was an issue with many women, not just lesbians, due to perceptions of refuges as scary. One participant commented that 'the more removed people are from a refuge environment in their everyday life, the less likely they are to want to go to one'

There was discussion around the question of 'where is the resistance/issues with GLBT people accessing mainstream services coming from?' Resistance may come from:

- A GLBT person- they may fear mixing with others or harassment
- Agencies- definitely a resistance exists re: accepting transgender clients
- The client group/other residents

There is need to acknowledge the diversity of clients to people entering the service e.g. in service user's handbook. One service reports that they do this currently, and since introducing this section in the handbook, people expect that they are to share with diverse people and show respect.

Another participant identified that one issue their service had faced in providing services to people experiencing SSDV was the small size of the GLBT community. They had found that people escaping SSDV were scared to identify themselves or use their full names when using the service as other workers knew the perpetrator socially. It was acknowledged that given the small size of GLBT communities (particularly some sub-sections of the community) this was inevitable.

2. Perceptions of the housing and support needs of people experiencing/escaping SSDV

It was agreed that the current model of refuges as the primary response to domestic violence should not necessarily be uncritically adopted. Limitations of refuges were identified. One participant commented that 'Refuges as a response may not suit everyone'. Participants identified that refuges may be useful for those facing high risk/high lethality SSDV but not others.

At the same time, positive features of the refuge model were identified, including the support and friendships survivors of domestic violence may gain, and the creation of a helping environment. Refuges also assist survivors of domestic violence by building the sense that 'I'm not the only one', breaking silences, and sharing experiences with other survivors.

It was suggested that the communal living spaces of refuges provide survivors with an opportunity to share experiences and come up with answers and strategies for themselves. One participant commented that 'what's most important is providing the loungerooms and coffee and safety' and it was suggested that this could also happen in non-residential contexts, for example, by providing a 'safe room' within a service. It was recognised that there is role for communication with other survivors.

It was recognised that safety issues must be considered when providing accommodation for people experiencing/escaping SSDV.

Participants emphasised that people from all class and occupational groups escaping SSDV may be in need of accommodation and support. Even if someone has economic resources, they could still be socially isolated and unsupported, lacking the strong networks that enable recovery from violence to occur. Others may be financially controlled by a partner.

Emotional abuse was identified as a form of abuse that can be particularly damaging and isolating.

There was support for developing strategies such as exclusion orders, which reverse the onus on victims of domestic violence to leave. Participants' felt that ultimately best solution to the homelessness associated with SSDV would be perpetrators should be removed so the victim/survivor can remain in their own home.

3. Key issues and potential problems in providing SAAP services to people escaping/experiencing SSDV

Unique aspects of same-sex domestic violence were recognised by participants. For example, a perpetrator of SSDV may spread lies throughout the GLBT community saying the victim is the perpetrator of violence.

Confidentiality was identified as a major issue in providing services to people experiencing SSDV, particularly providing services to members of small communities such as young GLBT people. Staff, service users, their friends may all live and socialise within the same small community. It was agreed that SAAP services must promote confidentiality, however there may be difficulties with enforcing confidentiality practices with staff and other service users. The Gender Centre has responded to the challenge of working within a very small community by having all clients sign confidentiality agreements before entering the service. Thus far they report that this practice is going well and there have been no major issues around confidentiality to date.

There was discussion of some of the difficulties women's refuges are currently facing and the need to consider, and not replicate, these difficulties when developing services for GLBT victims of domestic violence. Difficulties identified with refuges include that the residents may be very different to each other and not get on, that residents are all dealing with their own issues, difficulties around communal living and rules. Children may also be presenting at SAAP services with trauma and there needs to be appropriate support for them.

One participant wondered about the staffing of a gay men's or lesbian's domestic violence or accommodation service. It would need to be considered whether it would be a problem if workers were the same gender as the perpetrator. There was discussion about whether residents of SAAP services would prefer workers of their own background, in terms of gender, sexuality, and ethnicity or not. Some clients may find it supportive whereas others may prefer a worker from outside their community.

This led to a discussion about whether separate services would need to be provided for lesbians and gay men. Twenty10 was highlighted as an example of a multi-gender agency that works successfully. This was attributed to the fact that all workers and service users share some common goals and are able to recognise that they all have experienced discrimination in some form. The Gender Centre is another example of a multi-gender service in terms of service users and staff. Both services have found that gender is not an issue for the organisation. When problems do arise at the service, they are more likely to be about other issues e.g. substance abuse.

The needs and unique experiences of people living in rural areas were raised. For example, there may be difficulties recruiting specialist workers to work with SSDV in rural areas- finding workers who are experienced with GLBT issues generally is difficult. There was some debate about the importance of rural issues for GLBT people.

4. Strategies for addressing SSDV

Outreach was discussed as one potential strategy for responding to SSDV. The idea of support workers who are not attached to specific accommodation, who could support people moving from refuges to other housing, was raised. People experiencing or escaping SSDV may have an ongoing need for support and outreach, through all stages of coping with SSDV, including whilst living with a violent partner, accessing crisis accommodation, securing longer-term housing and beyond.

Women's refuges were identified as a valuable source of practice knowledge and experience in domestic violence, and as having a lot to teach regarding the development of services, for example, wisdom around safety and security and creating a sense of 'community' within the service. It was also suggested that when addressing SSDV, services could learn from the experience of women's domestic violence services working in suburbs where domestic violence is hidden and particularly stigmatised, as SSDV is also a hidden problem.

There was discussion around the merits of developing specific SSDV services versus improving the accessibility of existing services. Participants recognised that it is good to have specific refuges for specific client groups (e.g. of CALD communities) BUT they may be full or not the first choice for the client (e.g. because of confidentiality issues in a small community). GLBT people need to be able to access mainstream services as well, especially in rural areas. It was recognised that even if specialist services are developed, there needs to be a focus on improving mainstream services also and that development of specialist services should not mean that mainstream services could avoid addressing access issues.

There was support for the idea of a 'continuum of safety', that is, a variety of options to meet peoples needs, ranging from low to higher levels of involvement.

ACON is considering applying for CAP properties for GLBT people in need of housing when appropriate referral to other services cannot be found. ACON has also considered applying for funding to run a short-term project working with mainstream crisis accommodation services, assisting them with GLBT clients and developing longer-term strategies for working with GLBT issues.

An example of a service that worked well for meeting the housing and support needs of gay men was provided, one participant mentioned an Adelaide service that had provided supported homelessness accommodation for gay men. The service users included people facing SSDV, men who had just arrived from country areas, those with drug and alcohol issues and others.

Prevention of SSDV was considered. One idea was the development of skills modules for ACON's health promotion work. This would address SSDV before it occurs, working on developing healthy relationships. There are existing programs, focussing on domestic violence in heterosexual relationships, including programs targeted at school students. There is a need to include same-sex issues in mainstream programs like this.

Breaking down the isolation of survivors of SSDV, the idea that 'I'm the only one' was identified as particularly important for working with violence. ACON's peer-facilitated groups (for young GLBT people) project was cited as an example of a sustainable project that achieves this.

5. Learning opportunities and support required by services to effectively support people escaping/experiencing SSDV

ACON or another suitable agency could provide SSDV survivor groups. Some participants were very keen on this and wondered how quickly this could be set up. Survivor groups could provide the support from other people experiencing the same thing that SSDV survivors need. ACON is planning to employ a groupwork counsellor so this may be part of their role- groupwork for SSDV is on ACON's agenda.

Training for services on SSDV was identified as a support need. There is also a need to get SSDV education out west and in rural areas, to isolated SAAP services.

SAAP agreements should continue to include clauses regarding anti-discrimination. The issue is how to ensure that education and service-specific anti-discrimination measures happen- for example, to ensure that individual services implement protocols around SSDV.

Case studies and recommendations

Four case studies were presented to the forum; each based on de-identified composites of clients seen at the ACON Housing Project. Small groups were asked to consider the following questions:

- a) What are some of the dynamics impacting on this person? What is happening for her at the moment?
- b) What are the housing and support needs of this person?
- c) In the current context, what options and services are available to this person?
- d) What role could your organisation play in supporting someone like this person?
- e) In the current context, what is likely to happen for this person?
- f) How could services be improved so that their housing and support needs are met? What changes would be required to ensure their safety?

Groups then shared their ideas with the rest of the forum. The last 10 minutes of this session was devoted to developing recommendations for SAAP and other services based on the exercise. The following pages outline the responses of the small groups to the questions and note the discussion that took place around recommendations.

Case Study # 1 Ali

Ali is an Aboriginal lesbian woman who was kicked out by her girlfriend after violent victimisation perpetrated by her partner. She is sleeping rough and staying in living rooms of friends. Ali does not want to go to aboriginal services because she identifies more with her lesbian identity and feels she would not be supported by those services. She has taken out an Apprehended Violence Order against her girlfriend after further abuse.

Ali will not come in to ACON because she is afraid to be seen here and afraid that she might see her girlfriend near Oxford Street. Coordination of housing solutions is likely to be extremely difficult because she moves around so often and has no fixed abode. Ali had been approved for housing waiting list two years earlier but had not followed this up. She needs to apply for priority in order to resolve her housing problems but in the mean time she regularly disappears making her at serious risk for long-term homelessness.

Dynamics impacting on Ali:

- Ali faces a number of barriers as a lesbian Aboriginal woman
- Logistics are difficult as much time is spent trying to chase up Ali
- Unclear how much transience is due to poverty and how much is due to being unsafe. Homelessness takes over as the primary problem and violence is not addressed.
- Long term homelessness- can be scary to think of finally getting a place.

Options and services available:

- Ali has been to the police and Dept Housing but they lack the resources to adequately support her
- Would domestic violence be enough to access priority housing?
- Telstra Messaging Service for homeless people

Role of participant's organisation:

- ACON- ATSI project worker may come and sit with them as they go through housing issues with a housing worker

What is likely to happen:

- Help Ali with priority housing application
- Difficult to develop long-term relationships with agencies
- Dept of Housing 'sustainable tenancies' policy may make it difficult for Ali to secure housing
- If Ali keeps coming back, then the agency HAS been successful. Effective intervention can be just modelling a good service response- there doesn't have to be clear 'outcomes'. The client has identified the service as a safe place.

How services could be improved:

- Go to where Ali feels safe (e.g. out of the office, meeting in coffee shop, providing food)- flexibility re: meeting places. May be more comfortable having a chat.
- Persuade her of ACON's safety
- Build better networks with Dept of Housing. Look within Dept of Housing to find individual people who can support.

Case Study # 2 Fran

Fran is a transgender (male to female) woman who has been in a two-year relationship with a man. She presents in physical distress – agitated, tearful, and fearful. Her Ex partner works in the city so she is extremely concerned about being in the city. Fran has just recently come out of relationship around three weeks ago and she had been physically, emotionally and socially abused. She had been financially dependent on her abusive partner and had left very quickly without a great deal of clothing, cash or identification.

Fran had contact with a refuge and DV Line and got a place in a refuge. The women could not cope with her. Residents are deeply resistant to her. The other residents make constant complaints that they are unsafe because they're living in a refuge with a man. She feels she is getting picked on constantly and when she expressed her frustration the other women perceive her anger as very 'male' and threatening.

Dynamics impacting on Fran:

- It's a difficult situation
- If Fran is a pre-operative transgender person, she is particularly likely to fall through the gaps.
- Transphobia
- Complexities around disclosure- it's unclear how the other residents came to know or see Fran as transgender. Clients have a right to define their gender on their own terms. Confidentiality should apply. It could be that Fran disclosed and then became the subject of gossip.
- Debate within WRM re inclusion.

Housing and support needs:

- Fran is socially isolated and the exclusion by other residents makes this isolation even more severe.
- There are a number of dynamics impacting on Fran, at the moment her transgender status has taken over as 'the issue' and her experience of DV is not being looked at all.

Options and services available:

- Some participants were surprised that the DV Line was able to get Fran into a refuge in the first place, as there are limited refuges that would take her. Discussion around this- ACON does refer transgender women to women's refuges. It seems DV Line usually refers to Gender Centre, which would be an appropriate referral, however often they are full.
- If Fran is post-operative transsexual, a refuge has no grounds to discriminate against her. However if Fran is pre-operative transgender, a refuge can opt not to house her.

What is likely to happen:

- In the Gender Centre's experience, other residents and service users aren't the source of discrimination, staff are. They feel staff may use clients as an excuse for their own fear/discrimination.
- If there is a specific service, people may be rejected from mainstream services who can 'opt out' of seeing them. Often all transgender people are referred to the Gender Centre when some referrals may not be appropriate. Transgender status should not override all other issues.
- Refuges may have policies about non-discrimination but the issue is how to make them work. E.g. Open Door policy- it's up to each refuge how to interpret it. Some truly are an open door, others are not.

How services could be improved:

- Refer to House Rules- talk to other residents about how their behaviour (comments about Fran being a man) is not appropriate or acceptable. However being 'hard' with the residents may only drive the discrimination underground, and it's more difficult to respond to covert discrimination. In the long term, education is needed to change attitudes.
- Have residents sign a contract upon entering the service, making it clear that there will be diversity amongst other service users.
- In the short term, a transgender-specific service may be needed.
- Acknowledge and discuss issues around disclosure during intake interview.
- The spirit of management is important.

Case Study # 3 Jessie

Jessie is a lesbian woman escaping domestic violence who does not have any children. Jessie was placed in a women's refuge that also accepted women with children. She found that, whilst she felt safe, it became an extremely unsupportive environment in which the isolation caused by her domestic violence continued in the refuge. Jessie's perception of her difference was evident to her in group discussions with other residents who spoke of violence from husbands and boyfriends and the impact on their children.

Jessie felt in the end that she could not speak about her own experiences and remained silent and 'unheard'. Eventually she was forced to relocate prematurely to the living floor of a friend where at least she felt she could speak openly about her lesbian specific experiences.

Dynamics impacting on Jessie:

- Within the refuge there is a replication of the DV- Jessie is alone, marginalised and isolated. Yet again she must move on, keep looking for safety and shelter.
- Discussions in refuges can become 'men are bastards' affirmation- this silences Jessie's experience.

Housing and support needs:

- Jessie's housing and support needs are the same as other DV survivors- housing, money, food, and daily needs.
- She also has particular needs- e.g. a discussion group for heterosexual women may not meet her needs, as Jessie's story of violence is different. Impact of myths like 'women aren't abusive' is unique to Jessie. It may be confronting for her to speak up about the differences in her experience.
- On the other hand, similarities between Jessie's experience and the experience of women facing DV from male partners can be drawn out and this may be positive.

Options and services available:

- Community Housing may be appropriate
- Outreach services e.g. from women's health centre
- Congregational services to meet some of her immediate needs like financial counselling, furniture.
- Jessie needs to know her legal rights
- Counselling through the Victims of Crime Bureau

Role of participant's organisation:

- Let Jessie know about Lesbian Support Network within women's refuges.

What is likely to happen:

- This is likely to be a rural refuge, as it is unlikely that a city-based refuge would take women with children plus single women,

g) How services could be improved:

- The living room floor of a friend may in fact be a better option for Jessie than a refuge anyway. Its possible services could focus on supporting this placement rather than moving Jessie again- via outreach. Provide support to Jessie's friend.
- If possible the refuge worker could stay in touch with her and continue to provide support, providing the relationship has not been irreparably damaged. No matter where Jessie is sleeping, refuges could play a role.
- In this scenario the refuge could have done more to support Jessie by recognising Jessie's difference. Creating an environment where gender differences get talked about in the context of overcoming violence. Refuge workers can lead/encourage structured discussions on issues of difference (e.g. kids v no kids)

Case Study # 4 Jim

Jim is a gay man in a five-year relationship involving escalating domestic violence. Jim is fearful of his partner and also of being without his partner. Jim has been to see a worker once but would not accept any referrals to generic homeless services because he perceived himself as obviously gay and believed these services would add to his vulnerability. As a result he remains in this abusive relationship because he perceives there is nowhere to go.

Jim is experiencing depression and suicidal ideation is putting him at serious risk of harm. His personal resources for decision-making are decreasing and the lack of appropriate and sensitive services to refer him to increases his chance of serious harm. His abuser has separated Jim from family and friends and there are no personal options for him such as sleeping on floors.

Dynamics impacting on Jim:

- Jim is disempowered
- Psychologically dependent on partner
- Evidence of closed thinking, hopelessness, giving up.
- Jim's predicament is complicated by perceived homophobia of services.

Housing and support needs:

- There are pressing safety issues
- Jim needs 'time-out' from the relationship
- Accommodation would need to be able to provide a high level of support given Jim's suicidality.
- Jim needs a range of options and choices to be able to enhance some sense of empowerment
- It would be preferable if there's an option for Jim to exit the house- even if Jim's partner exits the house (e.g. via exclusion order) Jim will be staying in a negative environment, compounding the trauma.

Options and services are available:

- Referral to mental health crisis team may be necessary in the short-term.
- Dept of Housing, depending on Jim's circumstances (financial and safety needs)
- Potential reconnection with friends/family- could be very valuable
- Counselling at ACON or GLCS
- Lack of suitable housing options- maybe ACON housing would be appropriate if Jim is HIV+
- Jim could take out an AVO but this may not be effective due to his dependency on the partner

What is likely to happen:

- There is a lack of resources, particularly lack of emergency accommodation for gay men- this is the biggest service gap.

How services could be improved:

- Counselling, casework and groupwork needed for Jim, currently limited availability. No group work for gay male survivors.
- Having a housing option is CRUCIAL for people in Jim's situation- he need options, availability of 'time-out'. Makes it difficult for other work (e.g. counselling) to be successful.

Case Study Recommendations

The following recommendations were based on group discussion of the above case studies:

- Outreach is needed and should be part of any service development. There are many reasons why people don't want to access services. We need to go to them. For example, a 'flying team' like The Crossing so that Ali doesn't have to come into ACON, also flexibility re: meeting places
- Develop partnerships (e.g. with existing outreach services)
- Take a long-term educational approach to the issue of accommodation for transgender people. There may be people working in services who don't even know transgender people exist. There is a need to educate and get the terminology out there.
- Service providers should acknowledge and discuss issues around disclosure of sexuality/transgender during the intake interview.
- There is a need to look beyond identify-specific services and address making mainstream services more accessible. The following recommendations were developed for improving access to mainstream services:
 - Services need to have policies in place, known and understood by staff and users, that the service accepts women with many histories.
 - Policies for refuges and other services should be inclusive re: gender identity
 - There should be zero tolerance for discrimination within services
 - Posters about anti-discrimination should be displayed
- SAAP and/or NCOSS should take on a role in developing policy about induction of residents/service users, incorporating the ideas above.
- Policies are required as a start but not the solution- policies need to be practised. Services need to keep working on how to enforce policy and legislation. The process of implementation is what is important- this requires training and dedication.

Forum Evaluation

26 evaluation questionnaires were sent out to forum participants via e-mail. 7 were received back.

These 7 participants were overwhelmingly positive about the organisation of the forum, the information presented, and its relevance. The chart below outlines participant's responses to the questionnaire.

This event was:	Number of participants responding (by category)			
	Strongly disagree	Disagree	Agree	Strongly agree
Well-prepared			1	6
Informative			1	6
Met my expectations			1	6
Was relevant to my work			2	5
Invited discussion			1	6
Allowed me to contribute			3	4
Was interesting			1	6
Answered my questions			3	4

Participants nominated the opportunity to network with other services, the participation in discussion, identification of service gaps and speaker presentations as positive aspects of the event. Participants gave the following comments when asked what was most useful about the event:

'Lively and informative discussion. Identification of service gaps. Interesting presentations from speakers. Useful insights into varied perspectives of participants. Excellent networking opportunities. The positive spirit in which the event was conducted. Well catered.'

'Good discussions with case studies. Interesting stuff and papers from Pat Tierney'

'The networking was great, really emphasised the 'falling through the gaps' that exists at present'

'Sense of participation and the conclusion that many are willing and able to drag SSDV out of the depths of the closet and into the light'

'Learning where I could refer people who need these specialised services'

'Networking, knowledge of how other agencies view SSDV/homelessness and ways in which we can work together in the future'

'Opportunity to contribute to problem solving gaps in services'

When asked what was 'least useful' about the event, several participants said 'nothing' or 'it was all useful'. Other comments included:

'Case studies were good but more info on them could have helped'

'I know what DV is. Stop telling me over and over'

'It would have been good to have a bit more time to discuss the case studies'

'Although all participants contributed well, I was slightly disappointed at numbers attending. This is more of a comment about those agencies working in the field who did not attend. This created some limitation as far as problem solving went'

Participants were provided with a space to offer further comments or suggestions. It was clear that many were interested in what further action would be taken after the forum and wished to have an opportunity to remain involved:

'It would be useful to have feedback on action undertaken as a result of the event and the opportunity for further participation to progress any action'

'Please pass my e-mail on to the SSDV interagency. I would like to participate.'

'People could present their own case studies, so we could see how they dealt with it, and how it could be improved from their perspective'.

Others suggested that the findings of the forum and research report should be distributed widely:

'Make report available to those agencies which were invited but did not attend and seek comment in a structured way'

'If brief minutes of meeting could be handed out afterwards to be able to take back to places where people work so they can go through exactly what was talked about at the forum'

There was a sense that there was more work to be done:

'Is it possible that a section of the SSDV WG be devoted to the issue of homelessness?'

'Do it again in a year to see if/how things has changed'

'There are gay/lesbians beyond the inner city. Let's get country/regional education/awareness on the agenda'.

Recommendations

Feedback and Publication

It is recommended that:

- Feedback be provided to forum participants on outcomes of the research project
- Copies of the research report are made available to interested organisations and the outcomes of the research make public in relevant publications and conferences

SAAP V

It is recommended that:

- People experiencing/escaping same-sex domestic violence are recognised as a client group which SAAP provides service to
- Accessibility of services to GLBT people be included in SAAP standards and quality assurance measures
- Sexuality and transgender identity are included in the SAAP NDCA, and/or consideration is given to other ways of gathering comprehensive data on GLBT engagement with SAAP.
- SSDV and homelessness is included in SAAP's research agenda in order to develop an evidence-base around SSDV and service provision

SAAP-funded Crisis Accommodation Services

- It is recognised that some people experiencing SSDV currently experience discrimination, risks to safety and barriers to access in crisis accommodation services. Mainstream crisis accommodation services develop policy and protocols to improve accessibility and safety for GLBT service users. These could include⁶:
 - Using inclusive language (not making assumptions about gender)
 - Asking questions about nature of relationship and providing opportunities for the disclosure of sexuality and gender identity
 - Developing a code of conduct or other policies that address homophobic or discriminatory behaviour by other service users and acknowledge the diversity of residents.
 - Providing materials such as brochures or posters about SSDV
 - Conducting outreach to the GLBT community such as advertising in gay community media
 - Conducting anti-homophobia and SSDV training with staff
 - Developing knowledge around HIV/AIDS and the ways SSDV may increase vulnerability to HIV and impact of HIV on SSDV
- Service provider knowledge be increased by providing training and/or information on SSDV to SAAP services. This training/info kit should include:
 - What is SSDV
 - Needs of people experiencing SSDV
 - Identification and assessment of SSDV
 - Guidelines and principles for responding to SSDV
 - Information on HIV and the impact of HIV on domestic violence
- Agencies recognise that financial control may exist in situations of SSDV and a person experiencing SSDV may have limited financial resources even if they are

⁶ (Refer to LAGLC (2002), Mottet & Ohle (2003) for further information on improving service accessibility)

employed or have assets. Some victims may therefore require low or no cost housing, crisis accommodation and services.

SSDV-specific services

It is recommended that:

- A project or worker be established to provide housing advocacy, brokerage and support to GLBT people experiencing or escaping violence. This project would be ideally located within an existing GLBT agency given that the research suggests people experiencing SSDV are most likely to approach GLBT-specific agencies, HIV/AIDS services and individual counsellors for assistance. This could include assistance with seeking accommodation (including independent, crisis and Department of Housing accommodation), providing specialist support to GLBT people currently accessing mainstream crisis accommodation, and providing referrals to domestic violence support services. The project could also undertake early intervention with people experiencing SSDV to prevent homelessness from occurring. ACON Housing, as a SAAP funded service within a GLBT health organisation, is ideally placed to house such a project.
- The possibility of applying for CAP funds to establish a managed property for GLBT people experiencing or escaping violence.
- ACON's SSDV community awareness campaign continue to be promoted and distributed to crisis accommodation services. The possibility of extending community awareness education to specifically address friends and family of people experiencing SSDV be considered as a way of improving the informal support available to GLBT victims of domestic violence.
- Models for providing peer support for people experiencing SSDV be investigated as a priority, for example, the development of professionally-facilitated support groups. Peer support in a non-residential context could meet the needs of people using existing accommodation options (such as mainstream crisis accommodation services) by providing the peer support element of a refuge whilst accommodation is provided off-site.

Collaboration

It is recommended that:

- Given the importance of effective interagency collaboration in responding to domestic violence, the SSDV Interagency is supported as a body through which ACON and other GLBT organisations, the police and crisis accommodation providers can work collaboratively to address SSDV.
- SAAP services including women's refuges are encouraged to participate in the SSDV Interagency
- ACON develops a working relationship/greater collaboration with the NSW Women's Refuge Movement Lesbian Support Network
- ACON support the existing policy of the NSW Women's Refuge Movement relating to access and equity for lesbians experiencing domestic violence and encourages further developments improving access for lesbian, bisexual and transgender women.

- A short-term project involving a GLBT agency or agencies working with SAAP services around GLBT access could be considered. This could include a project worker working with SAAP services to support individual service users and developing policy and procedures which improve service accessibility.
- Service agreements/Memorandum Of Understanding are developed between ACON and other GLBT services and SAAP services (including women's refuges) relating to the provision of support and housing to people experiencing/escaping SSDV. This could include the development of partnerships whereby one agency provides some counselling or peer support whilst another service provides accommodation.

Future planning

It is recommended that:

- When developing future models of service provision for SSDV, the existing evidence/research base on homelessness and DV should be consulted so that:
 - The benefits and limitations of the refuge model are considered
 - A broad variety of accommodation styles including self-contained accommodation as well as communal living are considered
 - Exclusion orders and other means of removing the perpetrator of violence and allowing the victim to remain in the home are considered as ways of reducing homelessness associated with SSDV
- Consideration be given to outreach models of service provision. An outreach worker, not attached to any specific accommodation, could provide support to people experiencing SSDV living with a violent partner, in crisis accommodation, staying with friends or living independently and could provide ongoing support to people moving through various forms of accommodation.

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